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ABSTRACT

This KIDS COUNT report examines statewide trends in the well-being of Rhode Island's children. Five chapters address the areas of family and community, economic well-being, child health, safety, and education. The statistical portrait is based on 23 indicators of well-being: (1) children in single parent families; (2) median household income; (3) children in poverty; (4) children receiving public assistance; (5) rent burden; (6) women with delayed prenatal care; (7) low birthweight infants; (8) infant mortality; (9) births to teens; (10) women and children receiving WIC; (11) children receiving school breakfast; (12) children with lead poisoning; (13) children without health insurance; (14) additional children's health issues; (15) child deaths; (16) teen deaths; (17) juveniles referred to family court; (18) child abuse and neglect; (19) child care; (20) children enrolled in Head Start; (21) fourth-grade reading skills; (22) high school graduation rate; and (23) teens not in school and not working. The information on each indicator is organized as follows: definitions, significance, sidebars, city/town tables, core cities data, comparison data, and most recent available data. Findings show two-thirds of poor children are white, yet non-white children are more than three times as likely to be living in poverty. (SD)

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Rhode Island KIDS COUNT is sponsored by the Annie E. Casey Foundation, with additional support provided by The Rhode Island Foundation.

Additional copies of the *1996 Rhode Island KIDS COUNT Factbook* are available from:

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The Poet Speaks

I know there seems to be
Little reason or rhyme
For poets who write of beauty
In such conflicting times...
But I am one of those
Who strives to yield,
Golden fruits, from stone fields.

– John Henrik Clarke

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Rhode Island KIDS COUNT is a children's policy and information project sponsored by the Annie E. Casey Foundation and The Rhode Island Foundation, in partnership with Brown University's A. Alfred Taubman Center and the Rhode Island College School of Social Work. KIDS COUNT is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, Rhode Island KIDS COUNT seeks to enrich local, state, and national efforts to secure a better future for all children.

The *1996 Rhode Island KIDS COUNT Factbook* is the second annual profile of the well-being of children in Rhode Island. The *1996 Factbook* provides a statistical portrait of the status of Rhode Island's children. By examining the best available data statewide and in Rhode Island's 39 cities and towns, Rhode Island KIDS COUNT provides an information base that can result in more effective policy and community action on behalf of children.

The *1996 Rhode Island KIDS COUNT Factbook* examines twenty-three indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety, and Education. The information on each indicator is organized as follows:

- ***Definition:*** A description of the indicator and what it measures.
- ***Significance:*** The relationship of the indicator to child and family well-being.
- ***Sidebars:*** Current state and national data and information related to the indicator.
- ***City/Town Tables:*** Data for each indicator presented for each of Rhode Island's cities and towns, the state as a whole, and the core cities.
- ***Core Cities Data:*** The core cities are the five communities in which more than 15% of the children live below the poverty level: Providence, Pawtucket, Woonsocket, Newport, and Central Falls.
- ***Comparison Data:*** City/town tables show current data compared to earlier data from the 1995 Factbook, whenever possible.
- ***Most Recent Available Data:*** The 1996 Factbook uses the most current, reliable data available for each indicator.
- ***New Indicators:*** Three new indicators have been added to the twenty indicators included in the first Rhode Island KIDS COUNT Factbook. The new indicators are "Children without Health Insurance", "Child Care", and "Fourth-Grade Reading Skills".

Focus on the Whole Child

- **All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his family and community affects his school performance; a child's economic security affects her health and education. Changes in child well-being in any area — Family and Community, Economic Well-Being, Health, Safety, Education — will affect other areas.**
- **The *1996 Rhode Island KIDS COUNT Factbook* begins to establish benchmarks of child well-being that can guide children's policy, programs for children and families, and community service on behalf of children. The indicators can be used as a tool to set priorities that improve outcomes for children.**
- **It is the hope of Rhode Island KIDS COUNT that the Factbook will empower community leaders, policymakers, advocates and individuals to work toward changes that will improve the quality of life for all of Rhode Island's children.**

Celebration

I shall dance tonight.
When the dusk comes crawling,
There will be dancing
    and feasting.
I shall dance with the others
    in circles,
        in leaps,
            in stomps.
Laughter and talk
    will weave into the night,
Among the fires of my people.
Games will be played
And I shall be
    a part of it.

– Alonzo Lopez

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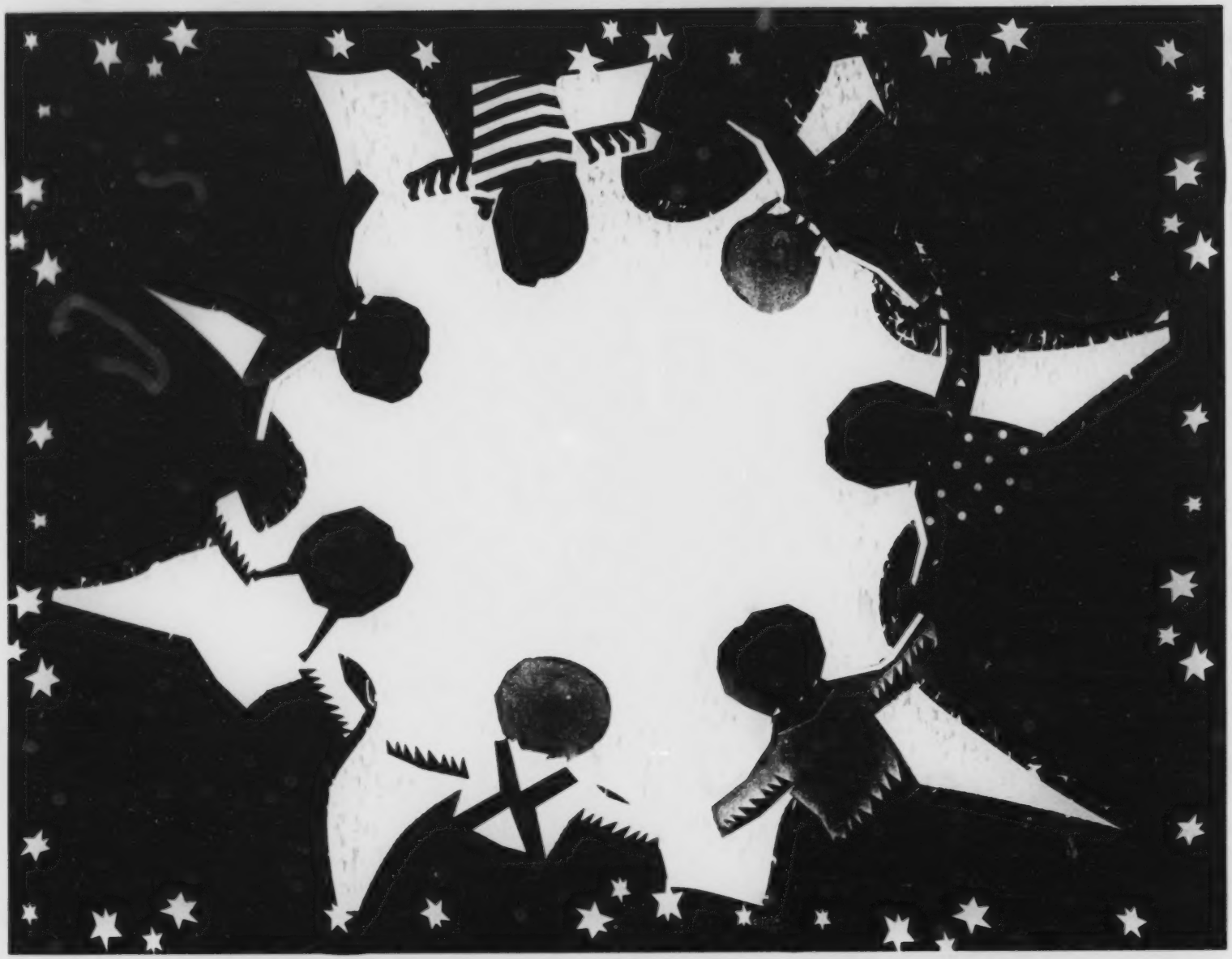

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Family and Community

Child Population

DEFINITION

Child population is the percentage of the total population that is under the age of 18.

SIGNIFICANCE

Rhode Island's children are diverse in race, ethnic background, language and country of origin. While the total population of children decreased from 1980 to 1990, the number of children under age 5 increased 20%.

Children under age 18 are significantly more diverse in racial and ethnic backgrounds than the adult population. Compared to non-Hispanic whites, minority children in Rhode Island are three times more likely to live in poverty. Many face language barriers. In 1990, more than 25,000 Rhode Island children ages 5 to 17 spoke a language other than English at home. For some, immigration brings the added challenges of adjustment and assimilation. In 1990, 13,500 of Rhode Island's children were born outside the U.S., including 5,400 Hispanic children and 3,300 Asian children.

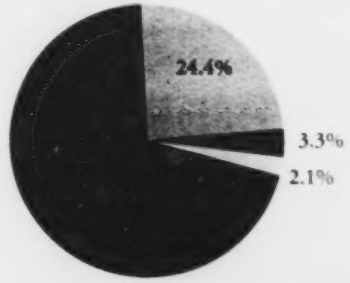
Rhode Island's Children, 1993

BY AGE

6.4%	Less than age 1
31.1%	Ages 1 to 5
29.1%	Ages 6 to 11
33.4%	Ages 12 to 17

BY FAMILY STRUCTURE

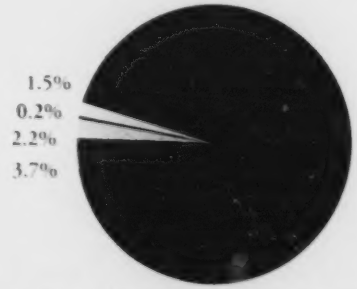
70.3%	Two Parents
24.4%	Mother Only
3.3%	Father Only
2.1%	Other



Source: U.S. Bureau of the Census, Current Population Survey, 1991 to 1995, average.

BY RACE*

92.4%	White
3.7%	Black
2.2%	Asian
.2%	American Indian
1.5%	Other



**Hispanic children may be included in any race category. 11.5% of Rhode Island's 210,452 children are of Hispanic origin.*

Rhode Island's Diversity, 1990 — Number of Children Under Age 18 for Selected Ethnic Groups

American Indian	1,100	Laotian	900	Other Hispanic	2,300
Chinese	600	Other Asian	700	Cape Verdean	3,000
Filipino	300	Mexican	900	Jamaican	300
Asian Indian	400	Puerto Rican	5,800	Haitian	300
Korean	400	Cuban	200	Nigerian	200
Vietnamese	300	Central American	1,400	Central African	600
Cambodian	1,800	South American	2,400		
Hmong	900	Dominican	3,400		

Source: 1990 Census of Population, Five-Percent Public Use Microdata Sample (PUMS). Numbers rounded to the nearest hundred.

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Table 1.

Child Population, Rhode Island, 1990

CITY/TOWN	TOTAL POPULATION	CHILDREN UNDER AGE 18 N	CHILDREN UNDER AGE 18 %	% MINORITY CHILDREN UNDER AGE 18
Barrington	15,849	3,912	24.7%	1.9%
Bristol	21,625	4,380	20.3%	1.5%
Burrillville	16,230	4,479	27.6%	0.5%
Central Falls	17,637	4,810	27.3%	31.5%
Charlestown	6,478	1,575	24.3%	3.9%
Coventry	31,083	7,626	24.5%	1.5%
Cranston	76,060	14,673	19.3%	6.4%
Cumberland	29,038	6,427	22.1%	1.4%
East Greenwich	11,865	2,913	24.6%	2.6%
East Providence	50,380	10,657	21.2%	10.2%
Exeter	5,461	1,521	27.9%	1.4%
Foster	4,316	1,185	27.5%	2.0%
Glocester	9,227	2,526	27.4%	1.2%
Hopkinton	6,873	1,839	26.8%	1.4%
Jamestown	4,999	1,123	22.5%	1.1%
Johnston	26,542	5,332	20.1%	2.3%
Lincoln	18,045	3,890	21.6%	2.6%
Little Compton	3,339	750	22.5%	0.9%
Middletown	19,460	4,676	24.0%	9.4%
Narragansett	14,985	2,869	19.1%	4.1%
Newport	28,227	5,756	20.4%	17.1%
New Shoreham	836	163	19.5%	3.1%
North Kingstown	23,786	6,076	25.5%	4.3%
North Providence	32,090	5,655	17.6%	4.1%
North Smithfield	10,497	2,332	22.2%	1.2%
Pawtucket	72,644	16,719	23.0%	16.2%
Portsmouth	16,857	4,175	24.8%	2.9%
Providence	160,728	37,972	23.6%	46.9%
Richmond	5,351	1,565	29.2%	3.6%
Scituate	9,796	2,426	24.8%	1.0%
Smithfield	19,163	3,898	20.3%	2.2%
South Kingstown	24,631	4,770	19.4%	7.4%
Tiverton	14,312	3,166	22.1%	0.8%
Warren	11,385	2,452	21.5%	1.3%
Warwick	85,427	18,322	21.4%	2.7%
Westerly	21,605	4,988	23.1%	3.0%
West Greenwich	3,492	915	26.2%	1.6%
West Warwick	29,268	6,560	22.4%	3.4%
Woonsocket	43,877	10,617	24.2%	11.6%
Core Cities	***323,113***	***75,874***	***23.5%***	***32.0%***
Remainder of State	***680,351***	***149,816***	***22.0%***	***3.7%***
Rhode Island	***1,003,464***	***225,690***	***22.5%***	***12.2%***

Notes on Table

Minority is defined here by the race groups used in the 1990 Census of Population: Black, Asian, Native American. Numbers used to calculate percent minority do not include white Hispanics.

Source of Data for Table

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

All data are from the U.S. Bureau of the Census, 1990 Census of the Population, unless otherwise noted. Data on children born outside the U.S. include children born in the U.S. territory of Puerto Rico.

KIDS COUNT 1995 Data Book: State Profiles of Child Well-Being (1995). Baltimore, MD: Annie E. Casey Foundation.

KIDS COUNT Data on Asian, Native American and Hispanic Children: Findings from the 1990 Census (1995). Baltimore, MD: Annie E. Casey Foundation.

Rhode Island's Children and Families: A Statistical Abstract (1994). Providence, RI: A. Alfred Taubman Center for Public Policy and American Institutions, Brown University; The Providence Plan; The Rhode Island Foundation; United Way of Southeastern New England.

Children in Single Parent Families

DEFINITION

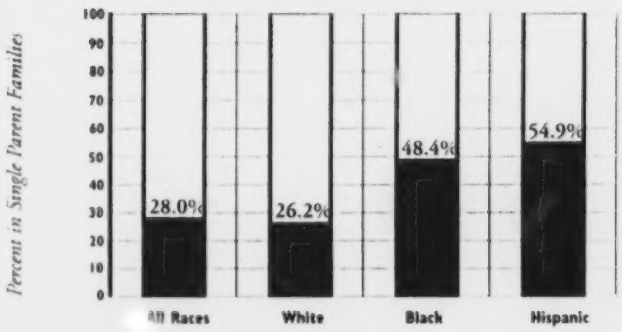
Children in single parent families is the percentage of children under age 18 who live in families headed by a person – male or female – without a spouse present in the home. These numbers include "own children" defined as never-married children under 18 who are related to the family head by birth, marriage, or adoption.

SIGNIFICANCE

Children in single parent families are at increased risk of living in poverty when compared to children in two-parent families. When the single parent is a woman, the risk of falling into poverty is greater, due partly to the wage gap between men and women, and inadequate child support. According to the Center for Demographic Policy in Washington D.C., sixty percent of all children in the United States will spend some time in a single parent family before reaching age 18.

Although most Rhode Island children live with two parents, more than one in four lived in a single parent family in 1993. In 1994, thirty-four percent of all births in Rhode Island were to unmarried women. With the increasing number of non-marital births and a continuing high divorce rate, the proportion of children living with one parent has almost doubled since 1970. The increase in single parent families over the past three decades has occurred across all races and income levels.

Children in Single Parent Families, by Race, Rhode Island, 1993



Note: Percentages are calculated within each race or ethnic group

- **Nearly 75% of American children growing up in single parent families experience poverty for some period in their first ten years — compared to 20% of children in two-parent families.**
- **In 1993, the average household income in Rhode Island for two-parent families with children was $48,716 compared to $18,431 for single parent families headed by a woman.**
- **In Rhode Island in 1993, six out of ten female-headed families with children were living below the poverty line.**
- **Most poverty, including that of female-headed households, occurs because of factors related to wages and the availability of jobs, education and training for productive participation in the labor force.**

Sources: D.T. Ellwood, *Poor Support: Poverty in the American Family* (1988); U.S. Bureau of the Census, Current Population Survey, 1991 to 1995 average.

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Table 2.

Children's Living Arrangements, Rhode Island, 1990

CITY/TOWN	TOTAL FAMILY HOUSEHOLDS WITH CHILDREN UNDER 18	NUMBER OF CHILDREN UNDER 18 YEARS: TWO-PARENT FAMILY N	TWO-PARENT FAMILY %	SINGLE PARENT FAMILY N	SINGLE PARENT FAMILY %
Barrington	2,035	3,514	94.4%	207	5.6%
Bristol	2,300	3,660	88.9%	457	11.1%
Burrillville	2,314	3,824	87.2%	560	12.8%
Central Falls	2,373	2,859	61.7%	1,778	38.3%
Charlestown	833	1,244	83.0%	254	17.0%
Coventry	3,979	6,290	87.2%	920	12.8%
Cranston	7,911	11,360	81.2%	2,622	18.8%
Cumberland	3,491	5,551	90.2%	604	9.8%
East Greenwich	1,609	2,521	88.3%	335	11.7%
East Providence	5,766	7,950	81.7%	1,776	18.3%
Exeter	768	1,278	90.6%	132	9.4%
Foster	591	988	88.2%	132	11.8%
Glocester	1,320	2,036	88.6%	261	11.4%
Hopkinton	930	1,557	90.2%	170	9.8%
Jamestown	623	907	83.4%	181	16.6%
Johnston	2,851	4,229	81.7%	945	18.3%
Lincoln	2,181	3,210	86.1%	518	13.9%
Little Compton	420	612	89.7%	70	10.3%
Middletown	2,429	3,774	85.1%	659	14.9%
Narragansett	1,551	2,227	85.2%	387	14.8%
Newport	3,086	3,569	65.0%	1,920	35.0%
New Shoreham	97	149	88.7%	19	11.3%
North Kingstown	3,299	4,943	85.1%	864	14.9%
North Providence	3,115	4,563	86.6%	706	13.4%
North Smithfield	1,284	1,935	91.1%	188	8.9%
Pawtucket	8,957	11,266	73.9%	3,976	26.1%
Portsmouth	2,429	3,749	91.7%	339	8.3%
Providence	17,948	19,292	56.2%	15,054	43.8%
Richmond	791	1,344	94.9%	72	5.1%
Scituate	1,275	2,079	90.1%	228	9.9%
Smithfield	2,095	3,324	91.0%	330	9.0%
South Kingstown	2,603	3,681	81.8%	819	18.2%
Tiverton	1,727	2,477	84.0%	472	16.0%
Warren	1,356	1,880	83.8%	364	16.2%
Warwick	9,505	14,477	83.6%	2,835	16.4%
Westerly	2,746	4,071	85.7%	680	14.3%
West Greenwich	464	715	86.0%	116	14.0%
West Warwick	3,529	4,711	77.3%	1,386	22.7%
Woonsocket	5,650	6,850	68.6%	3,140	31.4%
Core Cities	***38,014***	***43,836***	***62.8%***	***25,868***	***37.1%***
Remainder of State	***80,217***	***120,830***	***85.4%***	***20,608***	***14.6%***
Rhode Island	***118,231***	***164,666***	***78.0%***	***46,476***	***22.0%***

Source of Data for Table

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All 1993 data are from the U.S. Bureau of the Census, Current Population Survey, 1991 to 1995 average. Birth data for 1994 are from the Rhode Island Department of Health, Division of Family Health, Universal Newborn Screening Database, 1994.

Children and Divorce, The Future of Children, Volume 4, Number 1, (Spring 1994). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

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Statement on Key Welfare Reform Issues: The Empirical Evidence (1995). Medford, MA: Tufts University, Center on Hunger, Poverty and Nutrition Policy.

Wasting America's Future: The Children's Defense Fund Report on the Costs of Child Poverty (1994). Boston: Beacon Press.

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Seleccion de los: Misterios Gozosos

Día del esplendor
y la abundancia.
La cosecha me pesa
sobre la falda.

Abrid puertas, amigos,
y ventanas
convidando las gentes
a mi casa.

Dad a todos el pan,
la posada
No ahuyentéis las palomas
si bajan.

– Rosario Castellanos

Selection from: The Joyful Mysteries

Day of splendor
and abundance.
The harvest lies
heavy on my skirt.

Friends throw open doors
and windows,
invite people
to my house.

Give everyone bread
and lodging.
Don't scare off the doves
if they come down.

– Rosario Castellanos

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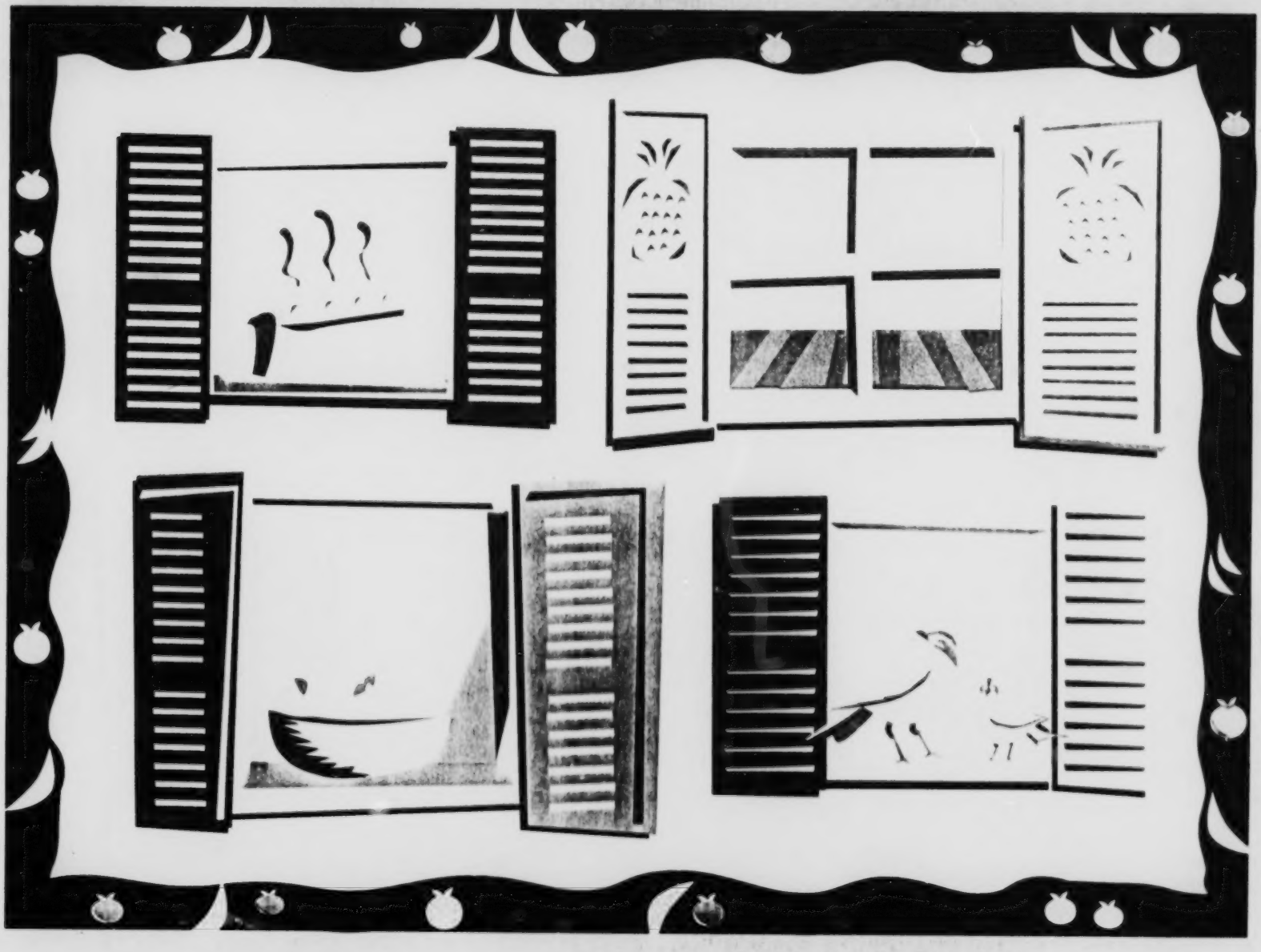

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Economic Well-being

Median Household Income

DEFINITION

Median household income is the median annual income for Rhode Island households. The median income is the dollar amount which divides the income distribution into two equal groups – half with income above the median and half with income below the median.

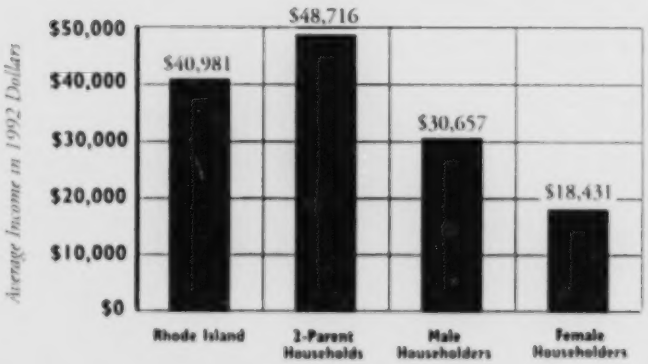
SIGNIFICANCE

The median household income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care and higher education. In 1993, one-half of all Rhode Island families with children earned less than $35,040, and half earned more.

The manufacturing sector, which once provided relative prosperity for a broad middle class of unskilled and semi-skilled workers, is being replaced by a service economy. As the economy shifts to low paying jobs without benefits or higher paying jobs that demand advanced education and skills, it is increasingly difficult for many families with children to make ends meet.

Wages and earnings at the lowest end of the labor market – primarily low-skilled workers – have collapsed over the past two decades. The hourly wage rate for a man with a high school degree has fallen in real dollars by about 35 percent since the early 1970s. A high school diploma only, without a college degree, no longer offers a path to economic security.

Average Household Income for Families with Children, Rhode Island, 1993



Wages and Earnings in Decline Since the 1970's

Median Family Income of Young Families* with Children by Educational Attainment of the Family Head, United States, 1973 and 1990 (in 1990 dollars)

	1973	1990	Percent Change
High School Dropout	**$18,842**	**$10,213**	**-46%**
High School Graduate	$28,410	$20,000	-30%
Some College	**$31,710**	**$27,000**	**-15%**
College Graduate	$37,757	$38,700	+3%

**Young families are those headed by someone younger than 30.*

Source: Children's Defense Fund and Northeastern University's Center for Labor Market Studies, *Vanishing Dreams: The Economic Plight of America's Young Families* (1992). Washington DC: Children's Defense Fund.

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Child Support Affects Family Income

◆ The failure of an absent parent to pay child support has significant economic consequences for a parent raising a child or children alone. Even when there is a child support agreement in place, child support payments tend to be low and unreliable. Of absent parents under court order, only 39% make child support payments on time and in full.

◆ 83,459 Rhode Island children are currently in the State's Child Support Enforcement System. Of these, 20,785 Rhode Island children have not yet had paternity established and therefore receive no child support. Court orders for child support require the establishment of paternity.

◆ As of December 31, 1995, the amount past due on court ordered child support totaled $190 million dollars.This figure does not include the potential additional $56 million associated with the cases for which paternity had not yet been established.

Source: RI Department of Human Services, Management Services Division, Child Support Program, December 31, 1995.

Table 3.

Median Household Income, Rhode Island, 1990

CITY/TOWN	MEDIAN INCOME
Barrington	$53,058
Bristol	$34,165
Burrillville	$37,156
Central Falls	$18,617
Charlestown	$36,040
Coventry	$37,230
Cranston	$34,528
Cumberland	$40,683
East Greenwich	$50,896
East Providence	$31,007
Exeter	$38,179
Foster	$40,795
Glocester	$40,000
Hopkinton	$36,737
Jamestown	$41,518
Johnston	$32,596
Lincoln	$37,083
Little Compton	$41,187
Middletown	$35,228
Narragansett	$35,545
Newport	$30,534
New Shoreham	$31,471
North Kingstown	$40,419
North Providence	$32,321
North Smithfield	$41,449
Pawtucket	$26,541
Portsmouth	$42,474
Providence	$22,147
Richmond	$40,975
Scituate	$45,170
Smithfield	$42,523
South Kingstown	$36,481
Tiverton	$36,170
Warren	$31,637
Warwick	$35,786
Westerly	$34,844
West Greenwich	$41,250
West Warwick	$31,625
Woonsocket	$25,363
Core Cities	***N/A***
Remainder of State	***N/A***
Rhode Island	***$32,181***

Source of Data for Table

U.S. Bureau of the Census, 1990 Census of Population, 1989 dollars. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All 1993 data are from the U.S. Bureau of the Census, Current Population Survey, 1991 to 1995 average, unless otherwise noted.

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Children in Poverty

DEFINITION

Children in poverty is the percentage of related children under age 18 who live in families with incomes below the poverty threshold, as defined by the U.S. Office of Management and Budget. "Related children" include the family head's children by birth, marriage, or adoption, as well as other persons under age 18, such as nieces and nephews, who are related to the family head.

SIGNIFICANCE

Children most at risk of not achieving their full potential are children in poverty, regardless of race. Poverty is related to every KIDS COUNT indicator. All aspects of child well-being — family, community, economic well-being, health, safety and education — are interrelated. The surrounding physical, social and economic environment plays a significant role in shaping child outcomes.

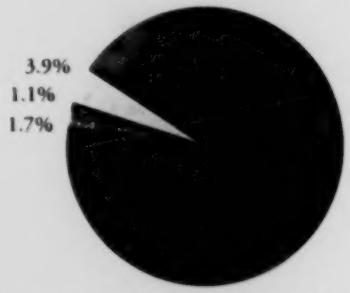
In 1995, the official federal poverty line for a family of four was $15,150. Children who grow up in poverty are more likely to go without necessary food and clothing, live in substandard housing, be victims of crime and violence, lack basic health care, and have unequal access to educational opportunities. Poor children are more likely to be born low birthweight, die in infancy or childhood, have health problems that affect school performance, become a teen parent or drop out of school.

According to the 1990 Census, 68% of Rhode Island's poor children live in the five core cities of Providence, Pawtucket, Woonsocket, Newport, and Central Falls. In these communities, more than 15% of the children live in poverty — in Providence and Central Falls more than 30%, in Newport and Woonsocket more than 20%, and in Pawtucket more than 15%.

Rhode Island's Poor Children, 1993

By Race*

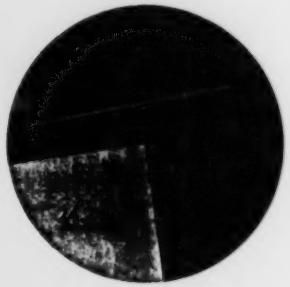
82.4% White
11.0% Black
1.7% Asian
1.1% Native American
3.9% Other



** Hispanic children may be included in any race category. One-third of Rhode Island's 40,029 poor children are of Hispanic origin.*

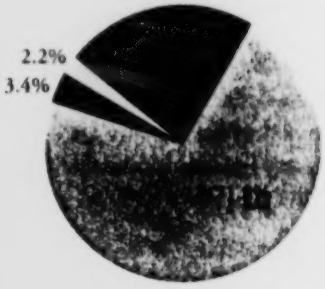
By Age

48.1% Ages 5 and younger
24.7% Ages 6 to 11
27.3% Ages 12 to 17



By Family Structure

22.6% Two Parents
71.8% Mother Only
3.4% Father Only
2.2% Other



Source: U.S Bureau of the Census, Current Population Survey, 1991-1995 average.

◆ **In 1993, there were 40,029 poor children in Rhode Island, 19% of all Rhode Island children. This is an increase from the 1990 Census figure of 30,022 poor children.**

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Childhood Poverty, Young Children Under Age 6, Rhode Island, 1993

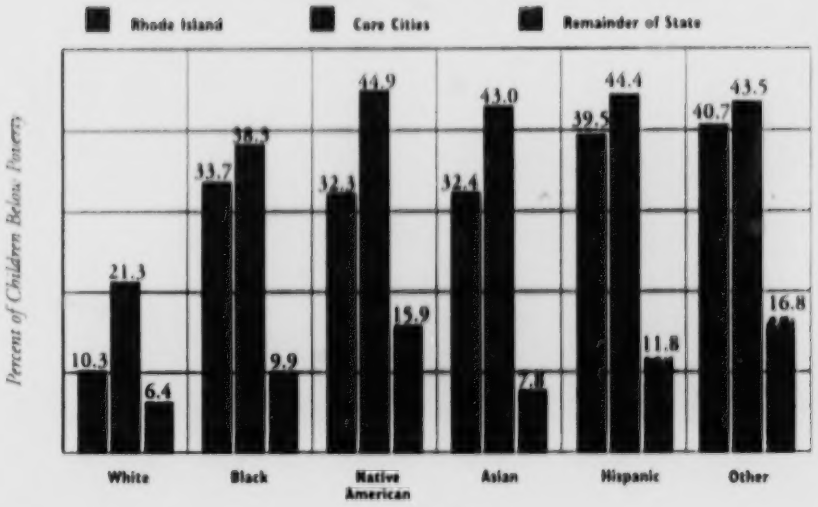
◆ Almost half of all poor children in Rhode Island are under age 6. In 1993, there were almost 20,000 poor young children in Rhode Island. This is an increase from the 1990 Census figure of 12,912 poor young children.

◆ In 1993, one in four Rhode Island children under the age of six was living in poverty.

◆ Children who grow up in poverty confront many barriers to their healthy development, and are at greater risk for developmental delays caused by inadequate nutrition, and exposure to lead and other environmental hazards.

Source: 1993 data are estimates from the Current Population Survey, 1991-1995 average.

Percent of Children Less Than Age 18 Below Poverty, by Race, 1990



(n=30,842)

NOTE: Percentages are calculated within each race or ethnic group.

◆ Two-thirds of Rhode Island's poor children are white, yet non-white children are more than three times as likely to be living in poverty.

◆ Children who live in the core cities, regardless of race, are much more likely to be poor than children who live in other parts of the state. (Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.)

Source: U.S. Bureau of the Census, 1990 Census of the Population

Children in Poverty

Working Poor Families

◆ In 1993, thirty-eight percent of Rhode Island's poor children lived in families in which one or both parents work. Factors related to poverty among working families include the predominance of service and retail jobs that pay lower wages, the declining value of the minimum wage, and the inability to find full-time, year-round work.

◆ A person working 40 hours per week at the Rhode Island minimum wage of $4.45 per hour will earn $9,256 annually, about two-thirds of the 1995 poverty level income of $15,150 for a family of four.

◆ The Rhode Island Community Food Bank reports that the number of working poor families seeking emergency food is steadily increasing. A national hunger survey conducted by the Food Research and Action Center in Washington, DC, indicates that almost half of hungry households have at least one full-time worker.

◆ According to the Institute for Women's Policy Research in Washington, DC, half of all single mothers in the U.S. who spend any time on welfare in a two-year period also work during that period, either combining work with welfare or cycling between work and welfare.

Earned Income Tax Credit Helps Working Families

◆ The EITC is a credit on the federal income tax, available since 1975, to low-income and moderate-income working families with children. In 1994, the credit was extended to allow a small credit to very low-income workers without children. The EITC helps to bring minimum wage earners up to the poverty threshold (when combined with Food Stamps) and to promote work as a viable alternative to welfare.

◆ In 1995, the maximum benefit was $2,040 for income-eligible families with one child. Income-eligible families with two or more children are entitled to a maximum credit of $3,033. For families with incomes slightly above the poverty line, the credit decreases and is eventually reduced to zero for moderate-income families.

◆ According to the Internal Revenue Service, over 55,796 working Rhode Islanders received the federal EITC in 1994, totaling more than $55 million. The EITC has provided an important supplement to the earnings of low-income Rhode Island workers affected by eroding wages.

Sources: Institute for Research on Poverty, May 1995; Institute for Women's Policy Research, February 1995; Center on Budget and Policy Priorities, January 1995; Internal Revenue Service, 1995.

Table 4.

Child Poverty, Rhode Island, 1990

CITY/TOWN	FAMILIES WITH CHILDREN BELOW POVERTY		CHILDREN UNDER 18 BELOW POVERTY		CHILDREN UNDER 6 BELOW POVERTY	
	N	%	N	%	N	%
Barrington	27	1.3%	52	1.3%	33	2.6%
Bristol	108	4.5%	253	5.9%	128	8.3%
Burrillville	148	6.3%	276	6.1%	119	6.5%
Central Falls	710	28.5%	1,576	32.5%	749	38.0%
Charlestown	68	7.8%	145	9.2%	39	6.4%
Coventry	199	4.7%	402	5.3%	180	7.3%
Cranston	735	8.9%	1,378	9.5%	562	10.9%
Cumberland	145	4.0%	302	4.7%	151	7.4%
East Greenwich	75	4.6%	153	5.3%	112	13.0%
East Providence	499	8.0%	904	8.7%	355	9.9%
Exeter	26	3.3%	52	3.6%	5	1.0%
Foster	34	5.5%	88	7.6%	0	0.0%
Glocester	99	7.2%	156	6.5%	77	10.6%
Hopkinton	40	4.1%	75	4.1%	9	1.4%
Jamestown	59	8.9%	92	8.1%	45	11.9%
Johnston	266	9.0%	452	8.4%	187	10.6%
Lincoln	164	7.2%	272	7.0%	98	7.2%
Little Compton	12	2.6%	20	2.7%	15	5.1%
Middletown	129	5.1%	275	6.0%	158	9.1%
Narragansett	71	4.4%	122	4.5%	36	3.6%
Newport	559	17.7%	1,143	20.3%	575	27.0%
New Shoreham	12	12.4%	17	10.1%	6	10.0%
North Kingstown	185	5.4%	281	4.7%	121	6.1%
North Providence	182	5.6%	298	5.4%	78	4.3%
North Smithfield	25	1.7%	37	1.6%	19	3.1%
Pawtucket	1,255	13.4%	2,525	15.5%	1,096	17.3%
Portsmouth	95	3.8%	182	4.4%	70	5.2%
Providence	5,621	29.2%	12,946	34.5%	5,531	36.8%
Richmond	9	1.1%	30	2.0%	0	0.0%
Scituate	45	3.3%	91	3.7%	19	2.3%
Smithfield	75	3.4%	135	4.1%	61	4.9%
South Kingstown	134	4.9%	350	7.5%	133	8.7%
Tiverton	109	6.0%	200	6.4%	81	7.9%
Warren	132	9.3%	199	8.5%	56	6.2%
Warwick	519	5.1%	1,084	5.9%	448	7.2%
Westerly	210	7.3%	432	8.7%	224	12.9%
West Greenwich	14	2.9%	26	2.9%	11	4.2%
West Warwick	395	10.7%	746	11.8%	291	13.0%
Woonsocket	1,183	20.8%	2,335	21.4%	1,034	26.9%
Core Cities	*9,328*	*23.2%*	*20,425*	*27.3%*	*8,985*	*30.7%*
All other Cities	*5,043*	*6.0%*	*9,597*	*6.5%*	*3,927*	*7.9%*
Rhode Island	*14,371*	*11.6%*	*30,022*	*13.5%*	*12,912*	*16.3%*

Source of Data for Table

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All 1993 data are from the U.S. Bureau of the Census, Current Population Survey, 1991 to 1995 average, unless otherwise noted.

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Children Receiving Public Assistance

DEFINITION

Children receiving public assistance is the percentage of all children less than age 18 who were living in families enrolled in Aid To Families With Dependent Children (AFDC) and/or the Food Stamp Program on December 1, 1995.

These data measure the number of children and families participating in these programs at one point in time. They do not count the additional children and families who qualified for these programs at other points in the year but were not enrolled on December 1, 1995.

SIGNIFICANCE

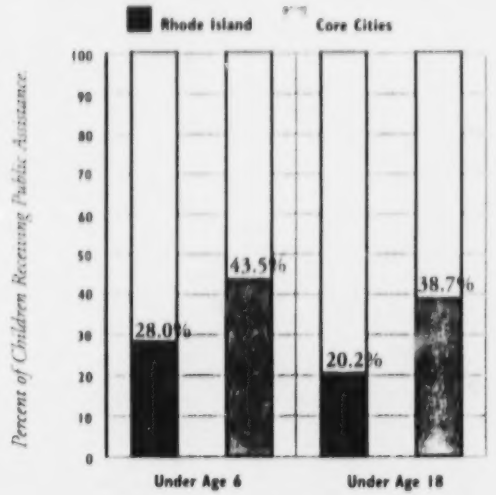
Income support programs such as AFDC and Food Stamps have a significant impact on the ability of poor families to provide food, shelter, and clothing for their children. While AFDC and Food Stamp benefits do not prevent a family from falling below the poverty line, they provide a minimal subsistence for poor families.

Children make up two-thirds of the AFDC caseload; families enrolled in AFDC have an average of two children. In December 1995, there were 40,789 children receiving benefits through AFDC.

More than half of all Food Stamp beneficiaries in Rhode Island are children. There were 48,739 children receiving Food Stamps, including the 40,789 children enrolled in AFDC and almost 8,000 children living in working poor families not enrolled in AFDC.

The average monthly AFDC benefit for a Rhode Island family of three is $554 per month. With an additional average of $268 per month in Food Stamps, the average monthly combined benefit is $822. This amount is 20% below the poverty line of $12,590 for a family of three. Only 26% of families on AFDC receive housing assistance.

Children Receiving Public Assistance, Rhode Island and Core Cities, December 1, 1995



◆ One in five Rhode Island children less than age 18 receives AFDC and/or Food Stamp benefits. In the core cities of Providence, Pawtucket, Central Falls, Woonsocket and Newport, more than one in three children less than age 18 receive public assistance.

The Transition to Employment

AFDC is an income support program for 40,789 Rhode Island children, almost half of whom are under the age of six. Efforts to reform the welfare system require attention to the needs of these children, including family income for basic needs, such as food and shelter; access to health care; and quality child care.

Families Receiving AFDC

◆ Families receiving AFDC are not an homogeneous group. Some receive benefits for extended periods of time and some require welfare assistance for a short period after an unexpected loss of earnings or family breakdown. Some cycle on and off welfare, periodically taking low-paying jobs that leave them financially insecure.

◆ According to the Rhode Department of Human Services, as of December 1995, 28% of the active AFDC caseload had received benefits for less than two years, 33% had received benefits for two to five years, and 39% had received benefits for five or more years. These numbers are cumulative, representing total time ever on AFDC, and include families on AFDC for a single period and others who have been on AFDC two or more times.

◆ Different educational backgrounds require different strategies to successfully enter the labor market and sustain employment. As of December 1995, 45% of AFDC heads of households had completed less than 12 years of education, 44% had completed 12 years of education, and 10% had completed more than 12 years.

Sustainable Employment

◆ Federal and state efforts to reform the current AFDC system include linking welfare benefits to participation in the labor force. Barriers to sustainable employment for low-skilled workers include low wages, part-time, temporary or seasonal work, and non-traditional work shifts that make child care arrangements fragile.

◆ Women tend to obtain jobs that offer the least pay and the most insecurity. Women's earnings are below those for men in every occupational category for full-time, year-round workers. Women often have sole or primary responsibility for caregiving; the less families earn, the higher the proportion of income spent on child care.

◆ Women receiving AFDC have a wide range of employment histories. Having prior work experience, a high school diploma, and job training all increase the likelihood that AFDC recipients will find work. Sustainable employment requires jobs and supports that provide adequate resources for child care, health insurance, and transportation,.

Sources: Wellesley College, Center for Research on Women, *Back to Basics: Women's Poverty and Welfare Reform* (1995); The Urban Institute, *Welfare Reform, An Analysis of the Issues* (1995); Institute for Women's Policy Research, *Welfare That Works: The Working Lives of AFDC Recipients — A Report to the Ford Foundation* (1995).

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Children Receiving Public Assistance

Need For Quality Affordable Child Care

- Parents need good quality affordable child care in order to make a successful transition from welfare to sustained employment.

- Studies show that children in poor families are nearly one-third more likely to suffer either from delays in growth and development, a learning disability, or a significant emotional or behavioral problem. As a result, they have a greater need for more comprehensive and high quality child care services.

- As of December, 1995 there were over 18,000 children age five and under in families receiving AFDC, and over 15,000 children ages six to twelve.

- In Rhode Island as of December, 1995 there were 4,896 subsidized child care slots; 47% for employed, low-income families; 45% for participants in the AFDC job training program; and 7% for children in DCYF care. Sixty-eight percent of these subsidies paid for center-based care, 13% for care provided by relatives, 10% for family child care home slots, and 9% for in-home care.

- The safety and healthy development of children requires quality standards for the licensing and regulation of child care providers.

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Table 5. **Young Children in Families Receiving AFDC, Rhode Island, December 1, 1995**

CITY/TOWN	NUMBER OF CHILDREN UNDER 3 YEARS	3 TO 5 YEARS	6 TO 12 YEARS
Barrington	11	8	28
Bristol	66	65	141
Burrillville	51	48	88
Central Falls	480	462	669
Charlestown	15	14	28
Coventry	111	117	174
Cranston	365	365	708
Cumberland	73	86	130
East Greenwich	28	25	71
East Providence	270	269	535
Exeter	18	10	14
Foster	7	8	22
Glocester	19	15	46
Hopkinton	25	20	53
Jamestown	3	5	7
Johnston	121	129	235
Lincoln	57	55	99
Little Compton	3	4	5
Middletown	87	57	98
Narragansett	33	42	76
Newport	337	317	475
New Shoreham	1	2	0
North Kingstown	198	110	183
North Providence	144	120	226
North Smithfield	18	5	29
Pawtucket	1,062	1,004	1,635
Portsmouth	24	19	54
Providence	3,960	4,133	6,815
Richmond	22	19	40
Scituate	16	14	34
Smithfield	25	30	46
South Kingstown	62	66	139
Tiverton	34	45	65
Warren	60	57	118
Warwick	345	319	581
Westerly	113	137	221
West Greenwich	5	15	23
West Warwick	233	221	371
Woonsocket	696	720	1,229
Core Cities	***6,535***	***6,636***	***10,823***
Remainder of State	***2,535***	***2,521***	***4,690***
Rhode Island	***9,070***	***9,157***	***15,513***

Children Receiving Public Assistance

Table 6.

Number of Children Under 18 Receiving Public Assistance by Type, Rhode Island, December 1, 1995

CITY/TOWN	AFDC & FOOD STAMPS FAMILIES	AFDC & FOOD STAMPS CHILDREN	FOOD STAMPS ONLY	ALL WITH AFDC OR FOOD STAMPS	AS % OF CHILDREN UNDER 18	DECEMBER, 1994 AS % OF CHILDREN UNDER 18
Barrington	33	58	17	75	2.0%	2.2%
Bristol	176	318	106	424	9.2%	10.2%
Burrillville	127	227	94	321	7.4%	8.5%
Central Falls	922	1,944	460	2,404	41.5%	37.8%
Charlestown	49	84	55	139	7.7%	8.6%
Coventry	281	492	98	590	7.9%	8.8%
Cranston	999	1,761	315	2,076	13.5%	15.6%
Cumberland	186	342	139	481	7.5%	7.2%
East Greenwich	96	159	26	185	6.9%	8.8%
East Providence	730	1,273	275	1,548	14.0%	15.4%
Exeter	33	47	9	56	3.8%	4.5%
Foster	22	40	10	50	4.3%	5.0%
Glocester	54	96	64	160	6.6%	5.4%
Hopkinton	64	120	31	151	8.0%	10.7%
Jamestown	14	20	11	31	2.7%	4.0%
Johnston	334	586	172	758	13.3%	15.0%
Lincoln	139	249	92	341	8.6%	8.6%
Little Compton	10	15	16	31	4.2%	4.1%
Middletown	125	239	60	299	6.0%	6.0%
Narragansett	103	180	36	216	7.1%	8.4%
Newport	675	1,306	258	1,564	24.3%	23.0%
New Shoreham	3	4	0	4	1.9%	3.4%
North Kingstown	272	466	80	546	9.0%	9.7%
North Providence	358	595	168	763	12.6%	15.2%
North Smithfield	35	63	23	86	4.1%	3.6%
Pawtucket	2,282	4,403	895	5,298	28.5%	28.8%
Portsmouth	72	121	25	146	3.6%	4.5%
Providence	8,293	18,193	2,742	20,935	46.1%	44.0%
Richmond	55	103	16	119	7.5%	8.1%
Scituate	46	86	27	113	4.7%	5.1%
Smithfield	84	137	68	205	5.2%	6.8%
South Kingstown	167	327	48	375	7.6%	7.4%
Tiverton	109	175	60	235	7.7%	9.9%
Warren	151	287	44	331	12.4%	12.8%
Warwick	925	1,522	337	1,859	9.8%	11.6%
Westerly	293	577	116	693	12.6%	12.1%
West Greenwich	34	57	22	79	8.6%	10.5%
West Warwick	535	989	243	1,232	17.1%	19.0%
Woonsocket	1,572	3,128	692	3,820	32.6%	33.3%
Core Cities	***13,744***	***28,974***	***5,047***	***34,021***	***38.7%***	***37.4%***
Remainder of State	***6,714***	***11,815***	***2,903***	***14,718***	***9.6%***	***9.0%***
Rhode Island	***20,458***	***40,789***	***7,950***	***48,739***	***20.2%***	***19.2%***

Source of Data for Tables

Rhode Island Department of Human Services, INRHODES Data Tapes, December 1, 1995. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Human Services, unless otherwise indicated.

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Rent Burden

DEFINITION

Rent burden is the percentage of median renter income needed to cover the average cost of rent, including heat, in a community. Generally, rent burdens over 30% are considered unaffordable.

SIGNIFICANCE

In the Northeast, housing costs account for the largest portion of a family's budget. In 1990, not a single Rhode Island community was affordable to a minimum wage earner working full-time. Twelve of Rhode Island's 39 communities had average rents that are unaffordable to more than half the renters in those communities.

The shortage of safe, affordable housing has resulted in thousands of Rhode Island families living in substandard housing. Much of the state's rental housing stock is more than fifty years old, and many units are in need of repair. Serious housing and building code violations — including roach and rodent infestation, lead exposure, faulty wiring, inadequate heating systems, and unsanitary plumbing problems — threaten the health and development of children.

The shortage of affordable apartments and the dwindling number of housing subsidies has caused many Rhode Island families to "double-up", resulting in overcrowded, unstable living conditions.

With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk of homelessness.

Periods of homelessness, or a rapid succession of moves due to an unstable living situation, have a negative impact on a child's education. Rhode Island educators, particularly in the core cities, report a rise in the number of students moving in and out of their school communities during the course of an academic year.

Affordable Rents for Selected Family Income Levels

Family of Three	Annual Income 1994	Affordable Rent (30% of Income)
Minimum Wage Earner	$ 9,256	$231
Poverty Level Family of Three	$12,590	$315

In 1994, the average rent for a two-bedroom apartment in Rhode Island was $581.

Source: Rhode Island Housing and Mortgage Finance Corporation, December, 1995.

Homeless Children

According to the Rhode Island Emergency Shelter Information Project:

- 1,295 children under age 12 received shelter through Rhode Island's emergency food and shelter network from July 1, 1994 through June 30, 1995. Of these, 863 children were under age 5.

- Two-thirds of the children under age 12 were assisted at emergency shelters and one-third were assisted at domestic violence shelters.

- Deprived of the protection and stability a home provides, homeless children often suffer from illness and serious emotional distress, exhibiting short attention spans, withdrawal, aggression, speech delays and sleep disorders. They are more at risk for lead poisoning, asthma and malnutrition.

Table 7.

Rent Burden, Rhode Island, 1990

CITY/TOWN	1990 AVERAGE RENT 2-BEDROOM	1990 RENTER MEDIAN HOUSEHOLD INCOME	RENT BURDEN MEDIAN INCOME RENTER
Barrington	$675	$40,717	20%
Bristol	$693	$25,500	33%
Burrillville	$579	$24,404	28%
Central Falls	$477	$20,016	29%
Charlestown	$606	$28,853	31%
Coventry	$640	$25,881	30%
Cranston	$610	$26,598	31%
Cumberland	$560	$26,870	25%
East Greenwich	$688	$22,197	37%
East Providence	$611	$25,404	29%
Exeter	$611	$29,397	25%
Foster	NA	$32,794	NA
Glocester	$624	$22,508	33%
Hopkinton	$634	$23,558	32%
Jamestown	$885	$30,597	35%
Johnston	$597	$26,601	27%
Lincoln	$551	$27,562	24%
Little Compton	NA	$26,847	NA
Middletown	$760	$29,446	31%
Narragansett	$672	$25,743	31%
Newport	$705	$24,182	35%
New Shoreham	NA	NA	NA
North Kingstown	$685	$26,859	31%
North Providence	$579	$25,598	27%
North Smithfield	$633	$27,359	28%
Pawtucket	$532	$22,587	28%
Portsmouth	$784	$38,211	25%
Providence	$573	$19,583	35%
Richmond	$647	$32,630	24%
Scituate	$554	$31,001	21%
Smithfield	$670	$23,156	35%
South Kingstown	$659	$27,085	29%
Tiverton	$668	$29,180	27%
Warren	$640	$25,199	30%
Warwick	$657	$26,316	30%
Westerly	$604	$19,621	37%
West Greenwich	NA	$34,250	NA
West Warwick	$583	$27,032	26%
Woonsocket	$510	$21,435	29%
Core Cities	***NA***	***NA***	***NA***
Remainder of State	***NA***	***NA***	***NA***
Rhode Island	***$589***	***$23,443***	***30%***

NA: Data not available

Notes on Table

Average rent includes the cost of rent, plus heat.

Source of Data for Table

Rhode Island Housing and Mortgage Finance Corporation, January, 1996; 1990 renter median household income is from the 1990 Census of the Population. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

America's Children at Risk: A National Agenda for Legal Action (1993). Washington, DC: American Bar Association.

Children and Their Housing Needs: A Report to KIDS COUNT (1993). Washington, DC: Center on Budget and Policy Priorities.

Homeless Families: Failed Policies and Young Victims (1991). Washington, DC: Children's Defense Fund.

The State of Rhode Island, Consolidated Plan Fiscal Year 1995 - 1998 (1994). Providence, RI: Rhode Island Housing and Mortgage Finance Corporation.

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The Island

They mowed the meadow down below
Our house the other day
But left a grassy island where
We still can go and play

Right in the middle of the field
It rises green and high;
Bees swing on the clover there,
And butterflies blow by.

It seems a very far-off place
With oceans all around:
The only thing to see is sky,
And wind, the only sound.

– Dorothy Aldis

Health

Delayed Prenatal Care

DEFINITION

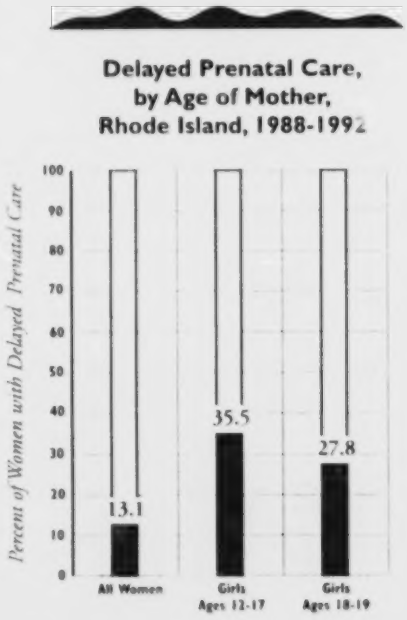
Delayed prenatal care is the percentage of women beginning prenatal care in the second or third trimester of pregnancy or receiving no prenatal care at all. Data are reported by place of mother's residence, not place of infant's birth.

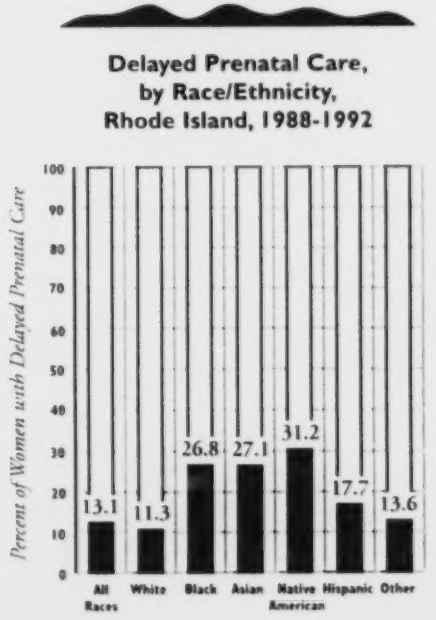
SIGNIFICANCE

Timely and comprehensive prenatal care, focused on the whole family and the living environment, increases the likelihood of delivering a healthy infant of normal birthweight. Women who receive adequate prenatal care are more likely to get preventive care for their infants. Delaying the start of prenatal care to the second trimester increases health risks for both mother and baby.

Prenatal care offers the opportunity to screen for and treat disease conditions that increase the risk for poor birth outcomes.

Effective prenatal care also screens for and intervenes with non-medical conditions including smoking, substance use, physical abuse, nutritional deficiencies, needs for food, clothing and shelter, and information needs related to infant and child development.





◆ Early prenatal care is especially important for women at increased medical and social risk.

◆ Barriers to receiving care are greatest for poor, young, and minority women due to a lack of health insurance, transportation, and child care, and because of socioeconomic, language and cultural barriers within the health care system.

Table 8.

Delayed Prenatal Care, Rhode Island, 1988-1992

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE	1987-1991 % DELAYED CARE
Barrington	963	33	3.4%	4.9%
Bristol	1,368	133	9.7%	11.1%
Burrillville	1,052	78	7.4%	8.8%
Central Falls	2,024	455	22.5%	22.0%
Charlestown	574	54	9.4%	8.9%
Coventry	2,012	160	8.0%	9.3%
Cranston	4,464	396	8.9%	10.0%
Cumberland	1,759	136	7.7%	8.6%
East Greenwich	596	46	7.7%	8.7%
East Providence	3,182	329	10.3%	11.2%
Exeter	382	18	NA	NA
Foster	304	20	NA	NA
Glocester	563	44	7.8%	7.5%
Hopkinton	528	39	7.4%	9.2%
Jamestown	310	22	NA	NA
Johnston	1,755	135	7.7%	9.0%
Lincoln	1,078	84	7.8%	8.5%
Little Compton	182	20	NA	NA
Middletown	1,391	193	13.9%	14.1%
Narragansett	861	58	6.7%	7.6%
Newport	2,091	425	20.3%	19.3%
New Shoreham	65	4	NA	NA
North Kingstown	1,581	106	6.7%	7.6%
North Providence	1,905	167	8.8%	9.1%
North Smithfield	510	38	NA	NA
Pawtucket	6,031	952	15.8%	16.2%
Portsmouth	1,062	86	8.1%	7.5%
Providence	16,151	3,398	21.0%	23.5%
Richmond	419	32	NA	NA
Scituate	638	44	6.9%	7.3%
Smithfield	1,000	64	6.4%	7.8%
South Kingstown	1,324	85	6.4%	6.4%
Tiverton	850	97	11.4%	11.9%
Warren	820	94	11.5%	12.6%
Warwick	5,483	432	7.9%	9.0%
Westerly	1,654	164	9.9%	10.3%
West Greenwich	268	27	NA	NA
West Warwick	2,410	267	11.1%	12.2%
Woonsocket	3,759	711	18.9%	17.3%
Core Cities	***30,056***	***5,941***	***19.8%***	***20.8%***
Remainder of State	***43,313***	***3,705***	***8.6%***	***9.4%***
Rhode Island	***73,369***	***9,646***	***13.1%***	***14.1%***

NA: Small numbers of births make percentage calculations unreliable.

Source of Data for Table

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988 to 1992 average. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988 to 1992 average, unless otherwise noted.

Alexander, Greg R., and Carol C. Korenbrot. "The Role of Prenatal Care in Preventing Low Birth Weight" in *The Future of Children: Low Birth Weight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

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Kletman, Lorraine V., *Alive and Well? A Research and Policy Review of Health Programs for Poor Children* (1991). New York: Columbia University, National Center for Children in Poverty.

Prenatal Care in the United States: A State and County Inventory, Vol. 1 (1989). New York: The Alan Guttmacher Institute.

Starting Points: Meeting the Needs of Our Youngest Children (1994). New York: Carnegie Corporation.

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Low Birthweight Infants

DEFINITION

Low birthweight infants is the percentage of live births weighing under 2,500 grams (5.5 pounds). The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

A baby's birthweight is a key indicator of newborn health and is directly related to infant survival, health and development.

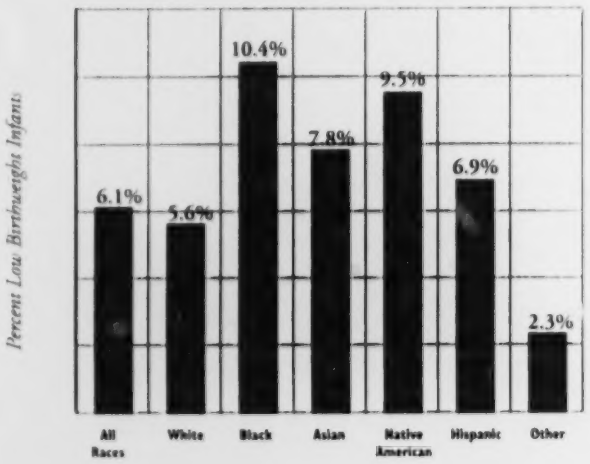
Babies born weighing less than 5.5 pounds are at greater risk for physical and developmental problems. Babies born weighing less than 1,500 grams (3.3 pounds) are at especially high risk for chronic lung and respiratory problems, visual and hearing impairments, mental retardation, and developmental and learning disabilities. Almost 60% of infants who die in the first year of life were born with low birthweight.

A baby is small at birth either because it was born too soon, because it grew too slowly, or some combination of the two.

Prevention of low birthweight focuses on smoking cessation, adequate nutrition and weight gain, and comprehensive prenatal care. Smoking during pregnancy has been linked to 20% to 30% of low birth weight births.

Underlying the high rate of low birthweight among African-Americans in the U.S. is the higher rate of preterm delivery (babies born before 37 weeks gestation). The causes of preterm delivery are not well understood; the higher rates are not completely explained by differences in socio-economic status, health status and use of tobacco or other drugs.

Low Birthweight Births by Race/Ethnicity, Rhode Island, 1988-1992



◆ **Low birthweight rates for black infants are almost twice those for white infants, and are higher than those for other racial groups.**

Table 9.

Low Birthweight Infants, Rhode Island, 1988-1992

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT	1987-1991 % LOW BIRTHWEIGHT
Barrington	963	36	3.7%	3.6%
Bristol	1,368	66	4.8%	4.6%
Burrillville	1,052	52	4.9%	5.2%
Central Falls	2,024	176	8.7%	8.4%
Charlestown	574	32	5.6%	5.3%
Coventry	2,012	99	4.9%	4.9%
Cranston	4,464	236	5.3%	5.2%
Cumberland	1,759	71	4.0%	4.3%
East Greenwich	596	27	4.5%	5.2%
East Providence	3,182	192	6.0%	5.4%
Exeter	382	18	NA	NA
Foster	304	17	NA	NA
Glocester	563	29	5.2%	4.4%
Hopkinton	528	30	5.7%	5.2%
Jamestown	310	12	NA	NA
Johnston	1,755	94	5.4%	5.2%
Lincoln	1,078	48	4.5%	4.5%
Little Compton	182	10	NA	NA
Middletown	1,391	73	5.2%	5.7%
Narragansett	861	33	3.8%	4.2%
Newport	2,091	102	4.9%	4.8%
New Shoreham	65	3	NA	NA
North Kingstown	1,581	70	4.4%	4.6%
North Providence	1,905	100	5.2%	5.3%
North Smithfield	510	21	NA	NA
Pawtucket	6,031	387	6.4%	6.0%
Portsmouth	1,062	59	5.6%	5.1%
Providence	16,151	1295	8.0%	8.3%
Richmond	419	22	NA	NA
Scituate	638	31	4.9%	4.3%
Smithfield	1,000	46	4.6%	3.9%
South Kingstown	1,324	66	5.0%	5.0%
Tiverton	850	45	5.3%	5.9%
Warren	820	55	6.7%	6.3%
Warwick	5,483	289	5.3%	5.4%
Westerly	1,654	96	5.8%	5.9%
West Greenwich	268	11	NA	NA
West Warwick	2,410	138	5.7%	5.5%
Woonsocket	3,759	279	7.4%	7.2%
Core Cities	***30,056***	***2,239***	***7.4%***	***7.4%***
Remainder of State	***43,313***	***2,227***	***5.1%***	***5.1%***
Rhode Island	***73,369***	***4,466***	***6.1%***	***6.1%***

NA: Small numbers of births make percentage calculations unreliable.

Source of Data for Table

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988 to 1992 average. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988 to 1992 average, unless otherwise noted. Hispanic data are for 1989 to 1992 only.

Chomitz, Virginia Rall, Lillian W.Y. Cheung, Ellice Lieberman, "The Role of Lifestyle in Preventing Low Birth Weight" in *The Future of Children: Low Birthweight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.

Healthy People 2000 – Rhode Island: The Health of Minorities in Rhode Island (1993). Providence, RI: Rhode Island Department of Health, Office of Health Statistics.

Nigel S. Paneth, "The Problem of Low Birthweight" in *The Future of Children: Low Birthweight*, Vol. 5, No. 1 (Spring 1995). Los Altos, CA: The Center for the Future of Children.

Starting Points: Meeting the Needs of Our Youngest Children (1994). New York: Carnegie Corporation.

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Infant Mortality

DEFINITION

Infant mortality is the number of deaths occurring to infants under one year of age per 1,000 live births. The data are reported by place of mother's residence, not place of infants birth.

SIGNIFICANCE

Infant mortality rates are closely linked to a community's social and economic conditions. Communities with multiple problems such as poverty, poor housing conditions, and unemployment tend to have higher infant mortality rates than more advantaged communities. In the United States, infant death is closely linked to low birthweight and preterm delivery.

Risk factors contributing to infant deaths include a lack of preventive health and prenatal care, inadequate nutrition and poor living conditions. Some of the health factors associated with infant deaths include congenital birth defects, complications resulting from early delivery and low birthweight, and respiratory problems.

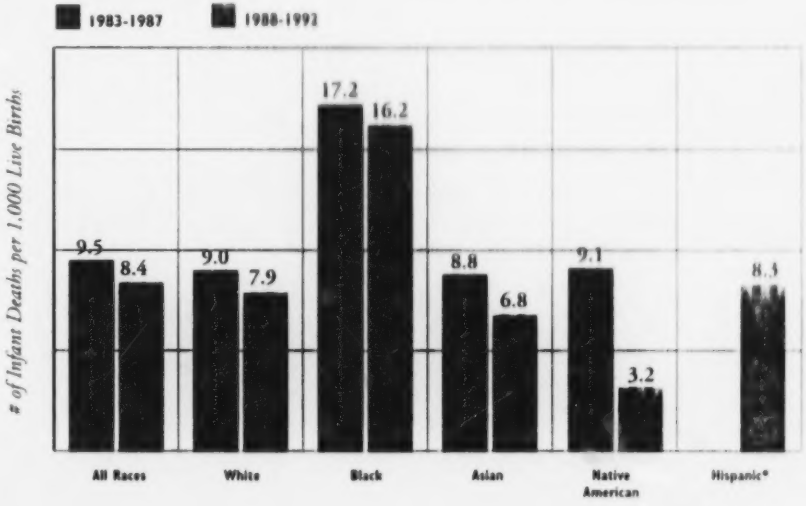
In 1994, in Rhode Island 82 infants died before their first birthday.

Higher Mortality Rate Continues Among Black Infants

◆ The overall United States infant mortality rate ranks twenty-second worldwide. The U.S. infant mortality rate for black infants ranks fortieth when compared with other countries overall rates.

◆ Over the past ten years, Rhode Island's black infant mortality rate has declined. Despite this progress, the black infant mortality rate continues to be twice that for white infants.

Infant Mortality by Race/Ethnicity, Rhode Island, 1983-1992



** Hispanic figures for 1983-1987 are not available.*

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Table 10

Number of Infant Deaths, Rhode Island, 1988-1992

CITY/TOWN	# BIRTHS	# INFANT DEATHS	RATE/1000 BIRTHS	1987-1991 RATE/1000 BIRTHS
Barrington	963	6	6.2	6.2
Bristol	1,368	4	2.9	2.9
Burrillville	1,052	10	9.5	10.9
Central Falls	2,024	25	12.1	12.5
Charlestown	574	6	10.5	10.7
Coventry	2,012	20	9.9	8.4
Cranston	4,464	23	5.2	6.1
Cumberland	1,759	15	8.5	8.2
East Greenwich	596	9	15.1	13.4
East Providence	3,182	32	10.1	7.8
Exeter	382	5	NA	NA
Foster	304	3	NA	NA
Glocester	563	3	5.3	7.0
Hopkinton	528	5	9.5	9.3
Jamestown	310	4	NA	NA
Johnston	1,755	8	4.6	7.0
Lincoln	1,078	11	10.2	1.8
Little Compton	182	3	NA	NA
Middletown	1,391	10	7.2	6.8
Narragansett	861	5	5.8	7.8
Newport	2,091	21	10.0	10.5
New Shoreham	65	1	NA	NA
North Kingstown	1,581	9	5.7	5.0
North Providence	1,905	13	6.8	7.5
North Smithfield	510	3	NA	NA
Pawtucket	6,031	59	9.8	10.3
Portsmouth	1,062	6	5.6	6.5
Providence	16,151	163	10.1	10.5
Richmond	419	3	NA	NA
Scituate	638	5	7.8	4.6
Smithfield	1,000	2	2.0	2.0
South Kingstown	1,324	10	7.6	8.2
Tiverton	850	9	10.6	9.5
Warren	820	3	3.7	2.5
Warwick	5,483	31	5.7	6.5
Westerly	1,654	10	6.0	5.5
West Greenwich	268	0	NA	NA
West Warwick	2,410	22	9.1	7.3
Woonsocket	3,759	38	10.1	12.3
Core Cities	***30,056***	***306***	***10.2***	***10.8***
Remainder of State	***43,313***	***309***	***7.1***	***7.1***
Rhode Island	***73,369***	***615***	***8.4***	***8.6***

NA: Small numbers of births make rate calculations unreliable.

Source of Data for Table

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988 to 1992, average. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1983 to 1987 average and 1988 to 1992 average, unless otherwise noted. Hispanic data are for 1989 to 1992 only.

Data for 1994 are provisional data from the Rhode Island Department of Health, Office of Vital Statistics.

The Health of America's Children, Maternal and Child Health Databook (1992). Washington, DC: Childen's Defense Fund.

Healthy People 2000 - Rhode Island: The Health of Minorities in Rhode Island (1993). Providence, RI: Rhode Island Department of Health, Office of Health Statistics.

Paneth, Nigel S., "The Problem of Low Birth Weight" in *The Future of Children: Low Birth Weight* (1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

The State of the World's Children 1994 (1994). New York: United Nation's Children's Fund (UNICEF). Ranking is based on 1991 infant mortality statistics from the National Center of Health Statistics.

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Births to Teens

DEFINITION

Births to teens is the number of births to teen girls ages 15 to 17 per 1,000 teen girls. Data are reported by the mother's place of residence, not the place of the infant's birth.

SIGNIFICANCE

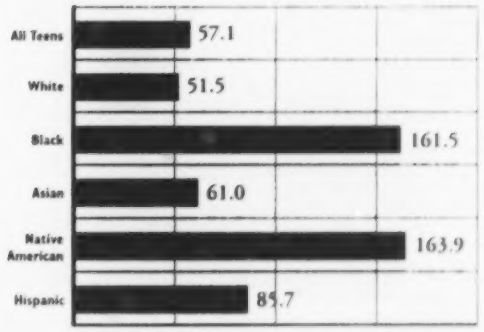
Too-early childbearing threatens the development of teen parents as well as their children. Teen mothers are less likely to obtain adequate prenatal care and are less likely to have financial resources and social supports needed for healthy child development.

Being a teen parent seriously limits subsequent education and employment prospects. Nationally, three out of five teen mothers drop out of school. Their lifetime earnings are less than half those of women who wait until age twenty before bearing their first child. Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty and become teen parents themselves.

Youth who live in poverty, have poor basic skills or poor school attendance are at especially high risk for teen parenting. Both male and female teens are less likely to become teen parents when they have a range of positive life options and economic opportunities.

While teen pregnancy is clearly linked to basic academic skills and family income, the problem is more complex, as highlighted by the following U.S. information from The Alan Guttmacher Institute: 51% of births to girls ages 15 to 17 were fathered by men aged 20 or older; one survey of poor and pregnant teens conducted among Washington State's public health clinics revealed that two-thirds reported prior sexual abuse, usually by parents, guardians or relatives.

Teenage Pregnancy, by Race and Ethnicity, Rhode Island, 1988-1992



Teen Pregnancy Rate per 1,000 Teens Ages 14 to 18

Teenage Childbearing

◆ In Rhode Island in 1994, there were 1460 births to teens ages 13 to 19. Of these, 9 out of 10 were to unmarried teens.

37 babies were born to girls ages 13 and 14.

578 babies were born to teens ages 15 to 17.

845 babies were born to teens ages 18 and 19.

Table 11

Births to Teens, Age 15-17, Rhode Island, 1988-1992

CITY/TOWN	# OF TEEN GIRLS AGES 15-17	BIRTHS TO TEENS AGES 15-17	1988-1992 RATE PER 1,000 TEENS	RATE PER 1,000 TEENS 1987-1991
Barrington	**282**	**10**	**7.0**	**8.5**
Bristol	369	32	17.3	17.3
Burrillville	**321**	**30**	**18.7**	**17.4**
Central Falls	309	128	82.8	76.4
Charlestown	**97**	**8**	**NA**	**NA**
Coventry	613	47	15.3	18.0
Cranston	**1137**	**76**	**13.4**	**13.4**
Cumberland	548	30	10.9	10.6
East Greenwich	**272**	**7**	**5.1**	**6.6**
East Providence	864	82	19.0	18.1
Exeter	**117**	**5**	**8.5**	**13.7**
Foster	90	2	NA	NA
Glocester	**206**	**15**	**14.6**	**15.6**
Hopkinton	134	13	19.4	16.4
Jamestown	**80**	**6**	**NA**	**NA**
Johnston	445	33	14.8	13.9
Lincoln	**322**	**12**	**7.4**	**6.2**
Little Compton	51	1	NA	NA
Middletown	**294**	**27**	**18.5**	**17.7**
Narragansett	204	8	7.8	6.9
Newport	**390**	**83**	**42.6**	**35.9**
New Shoreham	5	1	NA	NA
North Kingstown	**477**	**36**	**15.1**	**13.4**
North Providence	515	26	10.1	9.7
North Smithfield	**233**	**5**	**4.3**	**4.3**
Pawtucket	1286	265	41.2	41.8
Portsmouth	**342**	**12**	**7.0**	**7.6**
Providence	2679	995	74.3	72.9
Richmond	**102**	**14**	**27.4**	**25.5**
Scituate	216	6	5.5	4.6
Smithfield	**286**	**10**	**7.0**	**9.1**
South Kingstown	366	28	15.3	11.5
Tiverton	**281**	**19**	**13.5**	**12.8**
Warren	182	18	19.8	25.3
Warwick	**1455**	**129**	**17.7**	**19.1**
Westerly	357	41	23.0	32.9
West Greenwich	**73**	**10**	**NA**	**NA**
West Warwick	480	63	26.2	27.9
Woonsocket	**799**	**242**	**60.5**	**63.3**
Core Cities	***5,463***	***1,713***	***62.7***	***58.1***
Remainder of State	***11,816***	***861***	***14.6***	***14.4***
Rhode Island	***17,279***	***2,574***	***29.8***	***21.0***

NA: Small numbers of births make percentage calculations unreliable.

Source of Data for Table

Rhode Island Department of Health, Maternal and Child Health Database, Birth Files, 1988 to 1992, average. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

All 1994 data are from the Rhode Island Department of Health, Division of Family Health, Universal Newborn Screening Database, 1994.

Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children (1991). Washington, D.C.: U.S. Government Printing Office.

Sex and America's Teenagers (1994). New York: Alan Guttmacher Institute.

Starting Points: Meeting the Needs of Our Youngest Children (1994). New York: Carnegie Corporation.

The State of America's Children Yearbook 1995 (1995). Washington, D.C.: Children's Defense Fund.

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Women and Children Receiving WIC

DEFINITION

Women and children receiving WIC is the percentage of eligible women, infants and children served by the Special Supplemental Food Program for Women, Infants and Children (WIC).

SIGNIFICANCE

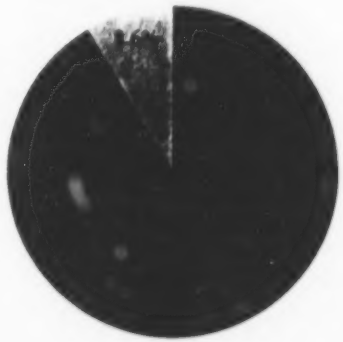
The Special Supplemental Food Program for Women, Infants and Children is a preventive program providing nutritious food, nutrition education and improved access to health care.

This federally funded program serves pregnant, postpartum and breast feeding women, infants and children less than five years of age. Participants must be at nutritional risk, based on abnormal weight gain during pregnancy, iron-deficiency anemia or other specified health risks. Household income must be below 185% of the poverty level.

In Rhode Island, the funded allocation of 26,000 can serve up to 80% of eligible women, infants and children.

Women, Infants and Children Served By WIC, Rhode Island, December 1995

22.4%	Infants
58.8%	Children Ages 1 through 4
10.2%	Pregnant Women
8.6%	Postpartum Women



Total Served is 23,016

WIC Prevents Health Problems and is Cost-Effective

◆ WIC links the distribution of food to other health services, including prenatal care. Participation in WIC increases the likelihood that women will receive early, regular prenatal care and that their children will get regular pediatric care and immunizations. Mothers and children who are poor, minority, or poorly educated benefit most.

◆ WIC has been shown to protect infants and children from nutrition-related health problems during critical periods of growth and development. By protecting a child's cognitive development, WIC results in savings for special education that may have otherwise been incurred due to malnutrition in infancy and early childhood.

◆ The General Accounting Office has estimated that for every dollar spent on the WIC program, $3.50 is saved in federal, state, and local government program benefits for the new child's first eighteen years. This is money saved from hospital care, special services, and special education.

◆ Low-income mothers participating in WIC have 25 percent fewer low birthweight babies and 44 percent fewer very low birthweight babies than mothers with similar incomes who were not on the WIC program. Every dollar spent on WIC has saved three dollars in perinatal Medicaid costs. The greatest cost-savings associated with the WIC program occur during the first year of life due to reduced medical costs.

Source: Schneider, D. *America's Childhood: Risks and Realities* (1995). Carnegie Corporation, *Starting Points* (1994).

Table 12

Women, Infants and Children Receiving WIC, Rhode Island, December 1995

CITY/TOWN	ESTIMATED* NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING	JANUARY, 1995 % OF ELIGIBLE PARTICIPATING
Barrington	211	45	21%	29%
Bristol	403	238	59%	54%
Burrillville	427	284	67%	60%
Central Falls	1,642	1,386	84%	79%
Charlestown	105	76	72%	71%
Coventry	592	319	54%	47%
Cranston	1,753	948	54%	53%
Cumberland	554	230	42%	38%
East Greenwich	241	64	27%	26%
East Providence	1,205	800	66%	67%
Exeter	13	63	100%*	100%*
Foster	10	38	100%*	100%*
Glocester	293	52	18%	18%
Hopkinton	33	92	100%*	100%*
Jamestown	96	24	25%	18%
Johnston	598	347	58%	53%
Lincoln	360	161	45%	44%
Little Compton	63	19	30%	30%
Middletown	694	275	40%	42%
Narragansett	71	118	100%*	100%*
Newport	1,332	724	54%	54%
New Shoreham	39	3	8%	0%
North Kingstown	370	273	74%	65%
North Providence	262	377	100%*	100%*
North Smithfield	59	73	100%*	100%*
Pawtucket	3,198	2,749	86%	80%
Portsmouth	249	120	48%	39%
Providence	11,280	8,673	77%	72%
Richmond	24	86	100%*	100%*
Scituate	75	64	72%	95%
Smithfield	174	89	51%	55%
South Kingstown	402	237	59%	64%
Tiverton	260	136	52%	56%
Warren	156	154	99%	100%*
Warwick	1,613	825	51%	54%
Westerly	648	348	54%	48%
West Greenwich	38	34	89%	66%
West Warwick	777	613	79%	69%
Woonsocket	2,566	1,869	73%	68%
Core Cities	***20,018***	***15,401***	***77%***	***72%***
Remainder of State	***12,868***	***7,615***	***59%***	***58%***
Rhode Island	***32,886***	***23,016***	***70%***	***67%***

* Estimates are based on 1990 Census, and do not reflect recent increases in eligible population.

Source of Data for Table

Participation data are from the Rhode Island Department of Public Health, Division of Family Health, WIC Program, December 1995. Eligibility data are from the U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Division of Family Health, WIC Program, December 1995, unless otherwise noted.

Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children (1991). Washington, DC: U.S. Government Printing Office.

Schneider, D., *America's Childhood: Risks and Realities* (1995). New Brunswick, NJ: Rutgers University Press.

Starting Points: Meeting the Needs of Our Youngest Children (1994). New York: Carnegie Corporation.

Statement on The Link Between Nutrition and Cognitive Development in Children (1995). Medford, MA: Tufts University, Center on Hunger, Poverty and Nutrition Policy.

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Children Receiving School Breakfast

DEFINITION

Children receiving school breakfast is the percentage of public school children eligible for free or reduced-priced lunch who receive school breakfast. Half-day kindergarten, private schools and residential child care facilities are not included in the calculations.

SIGNIFICANCE

Undernutrition during any period of childhood can have a detrimental impact on a child's cognitive development. The longer a child's nutritional needs go unmet, the greater the risk of cognitive impairment. The National School Lunch and School Breakfast Programs provide nutritious meals to children at participating schools. Meals must meet specific nutritional requirements to qualify for federal funds.

All Rhode Island schools make the School Lunch Program available to all students. Eligible students receive free or reduced-price meals. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free lunches, household income must fall below 130% of poverty. Children in Food Stamp and AFDC households are automatically eligible for free lunches. In Rhode Island, 45,689 public school students receive free or reduced-price lunches.

While federal and state funds are available to support the costs of the School Breakfast Program, more than half of Rhode Island schools do not participate. Low-income students are more likely than other students to arrive at school without an adequate breakfast.

Breakfast Improves School Performance

- **Children who participate in the School Breakfast Program have better school attendance, are more likely to arrive at school on time, and have higher standardized test scores than non-participants.**

- **In 1995, sixty-three percent of Rhode Island public school students eligible for free and reduced-price lunch attended schools offering school breakfast.**

- **The communities of Burrillville, Central Falls, and Providence offer the Breakfast Program to all students in the school district; Westerly and Woonsocket are also well-above the state average, with more than 80% of low-income students receiving breakfast in these school districts.**

- **There are 16,905 eligible low-income students who are not receiving school breakfast because they attend the 193 Rhode Island public schools that do not participate in the School Breakfast Program.**

Sources: Tufts University, Center on Hunger, Poverty and Nutrition Policy, 1995; Food Research and Action Center, 1995; Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, 1995.

Table 13

Low-Income Children Receiving School Breakfast, Rhode Island, Fall 1995

PUBLIC SCHOOL DISTRICT	NUMBER OF STUDENTS ENROLLED IN DISTRICT	NUMBER OF LOW-INCOME STUDENTS IN DISTRICT	PERCENT OF LOW-INCOME STUDENTS RECEIVING BREAKFAST	NUMBER OF SCHOOLS IN DISTRICT	NUMBER OF SCHOOLS WITH BREAKFAST PROGRAM
Barrington	2,668	94	0%	6	0
Bristol–Warren	3,666	935	31%	11	5
Burrillville	2,771	584	100%	5	5
Central Falls	2,705	2,454	100%	6	6
Chariho	3,519	467	41%	6	3
Coventry	5,092	850	31%	9	2
Cranston	9,558	2,108	47%	23	9
Cumberland	4,332	532	56%	9	4
East Greenwich	2,081	188	66%	6	3
East Providence	6,292	1,829	34%	14	11
Exeter–W. Greenwich	1,779	216	43%	4	2
Foster	327	48	0%	1	0
Foster–Glocester	1,411	117	0%	2	0
Glocester	740	122	0%	2	0
Jamestown	536	48	0%	2	0
Johnston	3,017	436	0%	8	0
Lincoln	3,046	351	12%	9	1
Little Compton	363	48	0%	1	0
Middletown	2,497	526	0%	5	0
Narragansett	1,781	277	0%	3	0
Newport	2,944	1,181	17%	10	1
New Shoreham	104	4	0%	1	0
North Kingstown	4,088	565	0%	10	0
North Providence	3,304	569	10%	9	1
North Smithfield	1,559	174	0%	3	0
Pawtucket	8,776	5,030	21%	18	2
Portsmouth	2,520	191	0%	6	0
Providence	22,756	17,393	99%	43	41
Scituate	1,564	145	0%	5	0
Smithfield	2,506	208	0%	6	0
South Kingstown	3,635	467	0%	7	0
Tiverton	1,980	372	0%	6	0
Warwick	11,056	2,112	12%	26	1
Westerly	3,098	607	89%	6	5
West Warwick	3,251	1,066	29%	7	1
Woonsocket	5,986	3,375	85%	14	13
Core Cities	***43,167***	***29,444***	***81%***	***91***	***63***
Remainder of State	***94,136***	***16,256***	***29%***	***218***	***53***
Rhode Island	***137,303***	***45,689***	***63%***	***309***	***116***

Notes on Table

Low-income students is the number of students eligible for free or reduced price lunches. Low-income students receiving breakfast is the percent of students eligible for free or reduced priced lunches who attend schools serving breakfast. Half-day kindergarten, private schools and residential child care facilities may offer the Breakfast program, but are not included in these calculations.

Source of Data for Table

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Fall 1995. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Fall 1995, unless otherwise noted.

Community Childhood Hunger Identification Project: A Survery of Hunger in the United States, Executive Summary (1995). Washington, DC: Food Research and Action Center.

School Breakfast Scorecard: A Status Report on the School Breakfast Program 1994 – 1995 (1995). Washington, DC: Food Research and Action Center.

Statement on the Link Between Nutrition and Cognitive Development in Children (1995). Medford, MA: Tufts University, Center on Hunger, Poverty and Nutrition Policy.

What's For Breakfast? (1995). Providence, RI: The Nutrition Council of Rhode Island with cooperation from the Rhode Island Department of Health.

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Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the number of children confirmed with lead poisoning as of September 30, 1995. These data are for children age three, eligible to enter kindergarten in the Fall of 1997 (i.e. born between September 1, 1991 and August 31, 1992).

SIGNIFICANCE

Childhood lead poisoning is one of the most common pediatric health problems and is entirely preventable. Infants and young children are most susceptible to the toxic effects of lead. Lead's effects on the developing central nervous system may be irreversible. Even low levels of lead exposure can result in learning disabilities, behavioral problems and lower I.Q. Higher levels of lead exposure can result in serious health problems and can lead to coma, convulsions and death.

While children of all backgrounds are at risk, low-income children and children of color are particularly likely to be affected by lead poisoning. Inadequate nutrition and anemia, more common in poor children, increase a child's susceptibility to lead poisoning. Lead-based paint and lead-contaminated dusts and soils remain the primary sources of lead exposure for children. Living in substandard housing places children at risk for lead poisoning.

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Lead Poisoning of Rhode Island's Children

◆ Childhood lead poisoning is a multi-dimensional issue involving housing, nutrition, and health. Elimination of childhood lead poisoning will require continued efforts from both the private and public sectors, focused on preventing lead poisoning before it occurs. Living in substandard housing is a primary risk factor for lead poisoning in young children.

◆ Universal screening of all children under age 6 and medical treatment of lead-poisoned children remain critically important until the environmental sources most likely to poison children are eliminated.

◆ Twenty children in Rhode Island were hospitalized for severe lead poisoning in 1995. Of the twenty children hospitalized, 14 resided in Providence, and 15 were three years old or younger.

◆ Almost 1,100 children eligible to enter kindergarten in the Fall of 1997 had been confirmed with lead poisoning by September 30, 1995. Seventy-six percent of these children live in the core cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls.

◆ This estimate of the number of lead-poisoned children age 3, eligible to enter the 1997 kindergarten class, is probably an undercount. Forty percent of children with elevated blood lead levels on initial screening have not yet had the repeat blood test needed to confirm the diagnosis of lead poisoning. It is likely that some of these children have lead poisoning.

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Table 14

Lead Poisoning in Children Entering Kindergarten in the Fall of 1997

CITY/TOWN	# SCREENED	SCREENED POSITIVE FOR LEAD POISONING NUMBER	SCREENED POSITIVE FOR LEAD POISONING % WITH CONFIRMATION TEST	# OF CHILDREN WITH CONFIRMED LEAD POISONING ENTERING KINDERGARTEN FALL 1997	# OF CHILDREN WITH CONFIRMED LEAD POISONING ENTERING KINDERGARTEN FALL 1996
Barrington	197	3	0%	0	0
Bristol	288	22	45%	7	3
Burrillville	203	32	38%	5	3
Central Falls	362	112	46%	37	41
Charlestown	88	5	0%	0	1
Coventry	264	30	47%	11	1
Cranston	785	82	54%	37	17
Cumberland	280	21	62%	9	7
East Greenwich	108	4	50%	2	1
East Providence	545	52	48%	12	4
Exeter	61	4	25%	1	0
Foster	41	0	0%	0	1
Glocester	69	8	38%	2	1
Hopkinton	59	7	0%	0	1
Jamestown	64	10	40%	0	0
Johnston	257	18	50%	5	6
Lincoln	176	16	69%	8	2
Little Compton	32	2	50%	0	0
Middletown	181	9	44%	1	3
Narragansett	170	12	17%	1	3
Newport	377	56	50%	18	9
New Shoreham	12	5	0%	0	0
North Kingstown	297	26	38%	6	3
North Providence	259	14	50%	5	7
North Smithfield	95	6	50%	2	0
Pawtucket	1,117	188	51%	72	65
Portsmouth	177	10	40%	1	0
Providence	3,616	984	71%	662	573
Richmond	72	3	0%	0	2
Scituate	116	12	17%	2	0
Smithfield	133	10	20%	2	3
South Kingstown	298	32	25%	6	5
Tiverton	171	7	71%	1	3
Warren	171	18	44%	5	2
Warwick	674	59	47%	19	18
Westerly	163	20	55%	8	6
West Greenwich	32	3	33%	1	1
West Warwick	322	41	63%	16	6
Woonsocket	780	145	41%	40	46
Unknown Residence	*325*	*96*	*0%*	*0*	*0*
Core Cities	*6,252*	*1,485*	*63%*	*829*	*734*
Remainder of State	*7,185*	*699*	*51%*	*262*	*111*
Rhode Island	*13,437*	*2,184*	*59%*	*1,091*	*845*

Notes on Table

These data are for children entering school in the Fall of 1997 i.e. (born between 9/1/91 and 8/31/92). Number screened for lead poisoning as of September 30, 1995; number of children with elevated blood levels (>14ug/dL); percent of children with elevated blood levels who obtained a confirmation test; number of children with confirmed lead poisoning (>14ug/dL).

Source of Data for Table

Rhode Island Department Health, Division of Family Health, September 30, 1995. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Division of Family Health, unless otherwise noted.

Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control (1991). Washington DC: U.S. Department of Health and Human Services.

America's Children At Risk: A National Agenda for Legal Action (1993). Chicago, IL: American Bar Association.

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Children Without Health Insurance

DEFINITION

Children without health insurance is the percentage of children under age 15 who were not covered by any kind of public or private health insurance, including Medicaid, during the previous calender year. These data reflect only those who were uninsured throughout the entire year and do not include those who were uninsured for only part of the year.

SIGNIFICANCE

Access to primary health care is vital to every child's healthy growth and development. Uninsured children frequently lack access to primary and specialty care — including preventive care, comprehensive treatment for chronic and acute illness, mental health services, dental care, and prescriptions. Undiagnosed and untreated medical conditions can result in long-term health problems and interfere with learning and development.

Family income and a parent's employment-related insurance coverage are the most important factors in determining whether children have health insurance and the type of coverage. Low-income children ages six and older whose families do not qualify for publicly-funded Medical Assistance are uninsured either because the parent's employer does not offer family benefits or because low wages preclude monthly payments for the more expensive family coverage plans.

In 1993, an estimated 7.4% of Rhode Island children under age 15 were uninsured for the entire year. Children whose parents cycle in and out of low-wage temporary jobs or seasonal work have intermittant health insurance coverage. According to a recent study in the Journal of the American Medical Association, it is estimated that, nationally, 22.6% of three-year-olds lack coverage for at least one month and 60% of those children lack coverage for at least six months or more.

Children's Health Insurance Status, Rhode Island, 1990 and 1993

Source: Current Population Survey, 1988-1992 average and 1991-1995 average.

◆ **Federal and state expansions of Medicaid eligibility between 1988 and 1994 have prevented an increase in the numbers of uninsured children, even with the declining trend in children covered through employer-related insurance.**

◆ **In Rhode Island, 80% of children under age 15 had coverage related to their parent's employment in 1990, but only 74% had employment-related coverage in 1993. The decline in employer-based coverage among children is due in large part to fewer employers offering or subsidizing health insurance plans that include coverage for dependents and fewer employees being able to afford family coverage.**

◆ **With current federal policy changes that set limits on total Medicaid expenditures, it is unlikely that public funding will continue to compensate for decreases in employer-related coverage. If current declines in employer-related coverage continue, increasing numbers of children will be uninsured.**

Table 15.

Children under 18 Years Receiving Medical Assistance, by Reason Eligible, Rhode Island, December 1995

CITY/TOWN	NUMBER RECEIVING MEDICAL ASSISTANCE			
	AFDC	SSI	OTHER	TOTAL
Barrington	58	0	33	91
Bristol	318	2	182	502
Burrillville	227	5	137	369
Central Falls	1,944	16	516	2,476
Charlestown	84	9	72	165
Coventry	490	10	293	802
Cranston	1,761	25	632	2,418
Cumberland	342	1	166	509
East Greenwich	159	3	46	208
East Providence	1,271	20	504	1,795
Exeter	47	0	29	76
Foster	40	2	32	71
Glocester	96	4	70	170
Hopkinton	120	5	51	176
Jamestown	20	0	29	49
Johnston	586	16	290	892
Lincoln	249	5	129	383
Little Compton	15	0	24	39
Middletown	239	7	108	354
Narragansett	180	1	98	279
Newport	1,306	16	363	1,685
New Shoreham	4	0	6	10
North Kingstown	466	2	216	684
North Providence	595	10	279	884
North Smithfield	63	0	24	87
Pawtucket	4,403	64	1,175	5,646
Portsmouth	121	11	75	207
Providence	18,192	232	3,712	22,136
Richmond	103	0	41	144
Scituate	86	1	45	132
Smithfield	137	1	77	215
South Kingstown	327	5	138	470
Tiverton	175	1	95	271
Warren	287	0	101	388
Warwick	1,521	29	701	2,251
Westerly	577	5	231	813
West Greenwich	51	1	48	100
West Warwick	989	13	442	1,444
Woonsocket	3,121	16	877	4,004
Core Cities	***28,973***	***378***	***6,593***	***35,944***
Remainder of State	***11,810***	***206***	***5,435***	***17,451***
Rhode Island	***40,783***	***584***	***12,028***	***53,395***

Facts about RIte Care

- RIte Care is Rhode Island's Medicaid managed care program. Started in 1993, RIte Care enrolled AFDC recipients in managed care. RIte Care expanded eligibility for Medical Assistance to include pregnant women up to 350% of poverty and children under age 6 up to 250% of poverty.

- Of the 70,436 RIte Care clients enrolled as of December 1995, 51% were enrolled in United Health Plans of New England; 30% in Neighborhood Health Plan of Rhode Island (community health centers); 12% in HMO Rhode Island; 6% in Harvard Community Health Plan of New England; and, 1% in Pilgrim Health Care.

- 58% of the 70,436 RIte Care clients are children receiving AFDC, approximately 10% are children not receiving AFDC but below 250% of poverty and their siblings.

Notes on Table

All children listed as AFDC receive Medical Assistance through RIte Care. SSI includes children with disabilities receiving Medical Assistance. Other includes children enrolled in RIte Care who are not eligible for AFDC (children under age 6 up to 250% of poverty and children up to age 13 up to 100% of poverty and their siblings) and, children in state foster care who receive Medical Assistance.

Source of Data for Table

Department of Human Services, INRHODES Database, December 1, 1995. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

References for Indicator

Caring Prescriptions: Comprehensive Health Care Strategies for Young Children in Poverty (1993). New York: Columbia University, National Center for Children in Poverty.

"Health Insurance for Children, Many Remain Uninsured Despite Medicaid Expansion" (July 1995). Washington, DC: Government Accounting Office.

KIDS COUNT Databook 1995: State Profiles of Child Well-Being (1994). Baltimore, MD: Annie E. Casey Foundation.

"Number Without Health Insurance Remains at Record Level" (October 1995). Washington, DC: Center on Budget and Policy Priorities.

The State of America's Children Yearbook 1995 (1995). Washington, DC: The Children's Defense Fund.

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Additional Children's Health Issues

Rhode Island KIDS COUNT is dedicated to providing a comprehensive profile of the well-being of children in Rhode Island. However, there are some important issues affecting children for which there is a lack of available city and town data. Some of these critical health issues are as follows:

Access to Dental Care

Children who receive an inadequate level of dental care or no dental care at all can develop long-term oral health problems and are more likely to experience dental conditions that require emergency treatment. Chronic dental problems can lead to a poor self-image, a lack of concentration, absenteeism, and reduced school performance. Low-income children are at greater risk for tooth decay and other symptoms of malnutrition.

Access to dental care is a major obstacle confronting children from poor, working poor, and uninsured families. There is a shortage of private providers willing to accept Medical Assistance patients due to the low level of reimbursement for services. Only five community health centers in the state provide dental care, and all have waiting lists for new patients. Dental check-ups through Head Start, Donated Dental Services of Rhode Island (for children with disabilities), Traveler's Aid's program for homeless teens, a targeted school-based sealant program, and a new clinic at St. Joseph's Hospital help to increase access. Nonetheless, children's unmet needs for dental care are substantial.

Reference

Health Care. (Summer/Fall 1993). Los Altos: The Center for the Future of Children.

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Childhood Immunizations

Children need to be immunized on schedule to guard against a variety of preventable illnesses. It is estimated that every dollar spent on immunization saves ten dollars in later medical costs. Efforts are underway in communities across the country to increase the number of fully-immunized children through neighborhood outreach programs that communicate directly with parents and provide easy access to immunization sites.

According to the National Immunization Survey conducted by the Centers for Disease Control between April and December, 1994, Rhode Island's immunization rate for two-year-olds has reached 82%, exceeding the national average of 75%.

Past retrospective surveys conducted by the Rhode Island Department of Health reveal significant discrepancies in the completeness of immunizations between children in high risk communities and the rest of the state.* These discrepancies appear as early as three months of age, widen by seven months, and persist throughout the first two years of life. Efforts to raise immunization rates include collaboration with the WIC program, assessment of immunization rates in individual practice settings, and the development of computerized tracking systems to remind parents and health care providers that an inoculation is due.

**The high risk communities identified by the Department of Health for the retrospective survey were Central Falls, East Providence, Newport, Pawtucket, Providence, and Woonsocket.*

References

Starting Points: Meeting the Needs of Our Youngest Children (1994). Carnegie Corporation: New York, NY; *Immunization of Young Children* (Spring 1994). Los Altos: The Center for the Future of Children.

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Children's Mental Health

Children's emotional well-being is essential to their growth and development. An estimated 12 to 15 percent of American children suffer from mental disorders. While the most frequent disorders treated include hyperactivity, attention deficit disorder and other conduct disorders, more than five percent of school-age children and adolescents suffer from depression and anxiety problems. Seventy percent of children with disorders do not access mental health services.

In Rhode Island, the eight Community Mental Health Centers provided services to a total of 4,285 children and youth during the 1994-95 fiscal year. Bradley Hospital, Rhode Island's largest psychiatric center for children and adolescents, admitted 660 children and youth to its hospital programs for the treatment of emotional disorders in fiscal year 1994-95. Butler Hospital admitted 400 children and youth.

Mental health professionals emphasize early intervention in order to keep children's emotional problems from intensifying. Children with mental health problems are found in all areas of children's services, including education, health, child welfare, and juvenile justice. Multi-agency planning for coordinated care is critical. The Rhode Island Child and Adolescent Services System Program (CASSP) promotes local systems of care that are family-focused, multi-disciplinary, and tailor individual support services to meet the needs of the child and family.

Rite Care, Rhode Island's Medicaid managed care program, includes coverage for some mental health services. There are significant numbers of children who do not qualify for RIte Care whose families are unable to pay for mental health services in the private market.

References

Critical Issues for Children and Youths (1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

Rhode Island Community Mental Health Centers Association, Bradley Hospital, Butler Hospital, and The Providence Center, 1995.

Substance Abuse

◆ Young people who abuse drugs and alcohol are more likely to drop out of school, become teen parents, experience injuries, and become involved with the criminal justice system.

◆ A recent national survey of teenage drug use found that 21% of eighth graders said they had taken illicit drugs; more secondary students are using marijuana, LSD, hallucinogens, amphetamines, and inhalants each year.

◆ Sixty-one percent of Rhode Island 12th graders surveyed by the RI Department of Health in 1993 reported that they had consumed an alcoholic beverage within the past month. Forty percent of high school seniors said they had used marijuana at some time in the past month.

◆ The number of Rhode Island juvenile arrests for drug abuse violations in 1994 was the highest recorded total since 1977. Drug/alcohol offenses referred to Family Court increased 35% between 1994 and 1995, from 691 offenses in 1994 to 933 offenses in 1995.

◆ Children and teens are also victimized by substance abuse within their families — from the potentially harmful effects of drug use by pregnant women to the emotional and financial hardships caused by parents with substance abuse problems.

References

The 1993 Rhode Island Adolescent Substance Abuse Survey: Report of Statewide Results (1994). Providence: RI Department of Health.

America's Children at Risk, A National Agenda for Legal Action (1993). Chicago: American Bar Association.

The Washington Post National Weekly Edition, *Using More, Worrying Less*, December 25-31, 1995.

Governor's Justice Commission, *Current Rhode Island Juvenile Arrest Analysis and Statistics*, October 1995.

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The Dream Keeper

Bring me all of your dreams,
You dreamer,
Bring me all your
Heart melodies
That I may wrap them
In a blue cloud-cloth
Away from the too-rough fingers
Of the world.

– Langston Hughes

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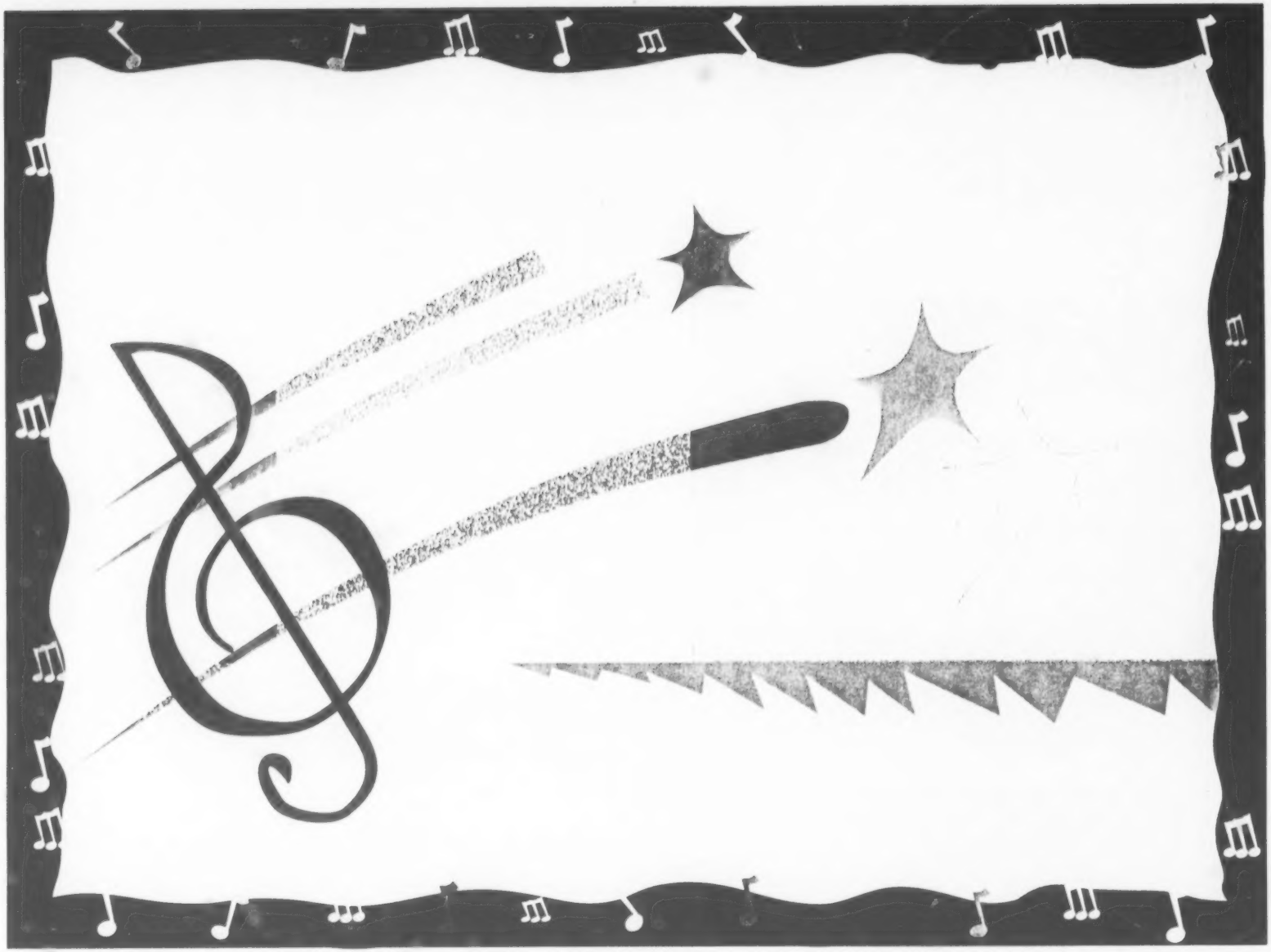


Safety

Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes to children ages 1 to 14, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child death rate is a reflection of the physical health of children, the dangers to which children are exposed at home and in the community, and the level of adult supervision children receive. Despite medical advances in prevention and treatment, the leading cause of death among Rhode Island children is illness. Of the 199 child deaths in Rhode Island between 1988 and 1992, 128 were due to illness.

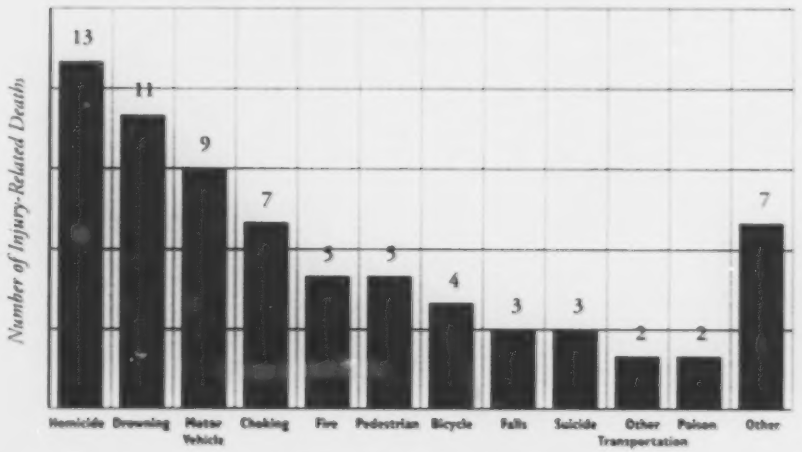
Unintentional injuries are a leading cause of preventable death for children. Between 1988 and 1992, fifty-five deaths were due to unintentional injuries. An additional sixteen deaths were due to intentional injuries (i.e. homicide or suicide). The three leading causes of injury deaths for children ages 1 to 14 were homicide, drowning, and motor vehicle collisions.

Child Deaths by All Causes, Children Ages 1 to 14, Rhode Island, 1988 – 1992

64.3%	Illnesses
27.6%	Unintentional Injuries
6.5%	Homicide
1.5%	Suicide

(n=199)

Cause of Injury Deaths, Children Ages 1 to 14, Rhode Island, 1988 – 1992



◆ The number of injury deaths is only a small part of the whole injury picture. For every death due to injuries, there are many more injuries that are untreated or require emergency room treatment or hospitalization. Many of the injuries that do not result in death leave children temporarily or permanently disabled, result in time lost from school, and decrease the child's ability to participate in activities.

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Table 16.

Child Deaths, Rhode Island, 1988-1992

CITY/TOWN	NUMBER OF CHILDREN AGES 1-14	1988-1992 NUMBER OF CHILD DEATHS	1988-1992 RATE PER 100,000	1987-1991 NUMBER OF CHILD DEATHS	1987-1991 RATE PER 100,000
Barrington	3,139	3	NA	5	NA
Bristol	3,405	1	NA	3	NA
Burrillville	3,586	2	NA	3	NA
Central Falls	3,860	8	NA	7	NA
Charlestown	1,291	1	NA	2	NA
Coventry	6,009	6	NA	7	NA
Cranston	11,501	12	NA	13	NA
Cumberland	5,064	4	NA	5	NA
East Greenwich	2,290	0	NA	0	NA
East Providence	8,432	7	NA	6	NA
Exeter	1,209	0	NA	0	NA
Foster	949	0	NA	0	NA
Glocester	2,029	1	NA	1	NA
Hopkinton	1,489	5	NA	3	NA
Jamestown	897	0	NA	1	NA
Johnston	4,167	3	NA	2	NA
Lincoln	3,053	2	NA	3	NA
Little Compton	586	1	NA	2	NA
Middletown	3,806	4	NA	4	NA
Narragansett	2,278	0	NA	0	NA
Newport	4,546	7	NA	7	NA
New Shoreham	135	1	NA	1	NA
North Kingstown	4,854	1	NA	4	NA
North Providence	4,323	4	NA	3	NA
North Smithfield	1,784	0	NA	0	NA
Pawtucket	13,099	21	NA	17	NA
Portsmouth	3,263	4	NA	3	NA
Providence	30,219	54	NA	64	NA
Richmond	1,269	1	NA	2	NA
Scituate	1,878	3	NA	3	NA
Smithfield	3,103	1	NA	1	NA
South Kingstown	3,836	1	NA	1	NA
Tiverton	2,428	1	NA	1	NA
Warren	1,922	1	NA	0	NA
Warwick	14,376	18	NA	27	NA
Westerly	4,006	4	NA	5	NA
West Greenwich	727	1	NA	1	NA
West Warwick	5,168	8	NA	8	NA
Woonsocket	8,462	8	NA	8	NA
Core Cities	***60,186***	***95***	***31.6***	***103***	***34.2***
Remainder of State	***118,252***	***104***	***17.6***	***114***	***19.2***
Rhode Island	***178,438***	***199***	***22.3***	***217***	***24.3***

NA: Small numbers make rate calculations statistically unreliable.

Notes on Table

Because nearly all cities have a low number of deaths, the death rates are highly variable, and therefore the rates are not provided for cities and towns.

Source of Data for Table

Rhode Island Department of Health, Office of Health Statistics, 1988 to 1992 and 1987 to 1991. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Office of Health Statistics, unless otherwise noted.

A Data Book of Child and Adolescent Injury (1991). Washington, D.C.: Children's Safety Network.

Lewit, Eugene M. and Linda Schuurman Baker. "Unintentional Injuries" in *The Future of Children*, Vol. 5, Number 1 (Spring 1995). Los Altos, CA: Center for the Future of Children, The David and Lucille Packard Foundation.

Losing Generations: Adolescents in High Risk Settings (1993). Washington, D.C.: National Academy Press.

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Teen Deaths

DEFINITION

Teen deaths is the number of deaths from all causes to teens ages 15 to 19, per 100,000 teens. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The transition to adulthood confronts teens of all ages with health and safety risks. Factors contributing to teen deaths include risk-taking behavior, the use of alcohol and drugs, and violence.

The leading cause of death among Rhode Island teens is unintentional injuries. Of the 170 teen deaths between 1988 and 1992, seventy-seven were due to unintentional injuries; almost two-thirds of these were due to motor vehicle collisions.

Suicide and homicide claimed the lives of 52 teens, accounting for almost one-third of all teen deaths between 1988 and 1992. It is estimated that for every successful suicide, there are between 50 and 200 unsuccessful known attempts. According to the U.S. Department of Health and Human Services, gay and lesbian youth are two to three times more likely to attempt suicide than heterosexual young people. Thirty-percent of the completed youth suicides in the U.S. are committed by lesbian and gay youth.

The Annie E. Casey Foundation reports that while the rate of teen deaths due to unintentional injury, homicide, and suicide increased nationally between 1985 and 1992, Rhode Island's rate decreased 12%.

Teen Deaths by All Causes, Teens Ages 15 to 19, Rhode Island, 1988 – 1992

(n=170)

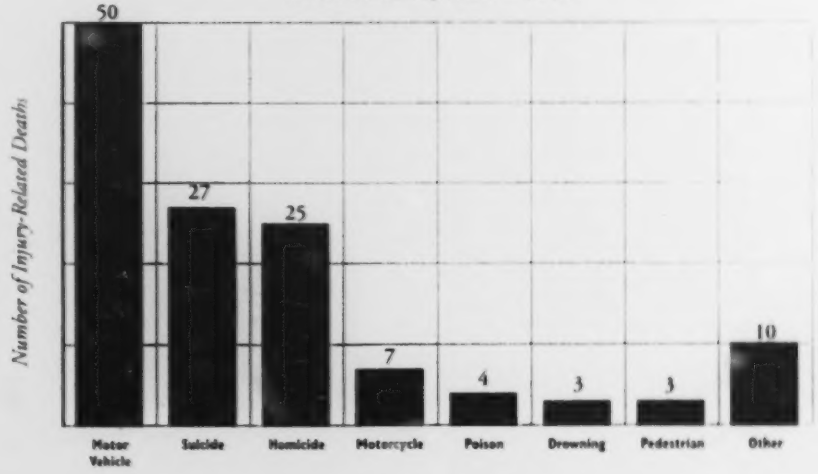
100

Gun Violence and Youth

◆ In a recent national survey of 2,000 youths in grades 7 to 12 in public, private and parochial schools across the country, more than a third of the teens said they had seen or been involved in fights in which weapons were involved.

◆ In Rhode Island in 1993 and 1994, there were 15 gun deaths among teens ages 15 to 19. Thirty-seven children were hospitalized with gunshot wounds. Of these, two of the victims were younger than age six, 1 was between ages six and twelve, and 34 were teens ages 12 to 18. Eleven were intentional injuries, 22 were unintentional injuries, and 4 were of undetermined intention.

Cause of Injury Deaths, Teens Ages 15 to 19, Rhode Island, 1988 – 1992



Cause of Injury Death (n=129)

101

Table 17.

Teen Deaths, Rhode Island, 1988-1992

CITY/TOWN	NUMBER OF TEENS AGES 15-19	1988-1992 NUMBER OF TEEN DEATHS	1988-1992 RATE PER 100,000	1987-1991 NUMBER OF TEEN DEATHS	1987-1991 RATE PER 100,000
Barrington	1,004	1	NA	0	NA
Bristol	1,941	5	NA	4	NA
Burrillville	1,132	2	NA	3	NA
Central Falls	1,148	2	NA	4	NA
Charlestown	328	2	NA	2	NA
Coventry	2,139	8	NA	8	NA
Cranston	4,265	14	NA	14	NA
Cumberland	1,814	4	NA	4	NA
East Greenwich	808	0	NA	0	NA
East Providence	2,926	2	NA	6	NA
Exeter	350	1	NA	2	NA
Foster	289	3	NA	2	NA
Glocester	707	4	NA	4	NA
Hopkinton	458	1	NA	1	NA
Jamestown	284	2	NA	1	NA
Johnston	1,532	1	NA	2	NA
Lincoln	1,108	2	NA	1	NA
Little Compton	202	1	NA	2	NA
Middletown	1,130	0	NA	0	NA
Narragansett	782	1	NA	8	NA
Newport	2,228	7	NA	0	NA
New Shoreham	25	0	NA	4	NA
North Kingstown	1,594	8	NA	4	NA
North Providence	1,741	2	NA	0	NA
North Smithfield	722	0	NA	6	NA
Pawtucket	4,487	5	NA	6	NA
Portsmouth	1,062	1	NA	2	NA
Providence	14,583	47	NA	50	NA
Richmond	363	2	NA	2	NA
Scituate	686	1	NA	0	NA
Smithfield	1,848	2	NA	3	NA
South Kingstown	4,060	7	NA	6	NA
Tiverton	1,004	1	NA	1	NA
Warren	624	1	NA	2	NA
Warwick	5,258	13	NA	12	NA
Westerly	1,230	5	NA	5	NA
West Greenwich	259	1	NA	2	NA
West Warwick	1,798	5	NA	6	NA
Woonsocket	2,942	6	NA	7	NA
Core Cities	25,388	67	52.8	75	59.1
Remainder of State	45,474	103	45.3	107	47.1
Rhode Island	70,862	170	48.0	182	51.4

NA: Small numbers make rate calculations statistically unreliable.

Notes on Table

Because nearly all cities have a low number of deaths, the death rates are highly variable, and therefore the rates are not provided for cities and towns.

Source of Data for Table

Rhode Island Department of Health, Office of Health Statistics, 1988-1992. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

All data are from the Rhode Island Department of Health, Office of Health Statistics, 1988-1992, unless otherwise noted.

Losing Generations: Adolescents in High Risk Settings (1993). Washington, D.C.: National Academy Press.

A Data Book of Child and Adolescent Injury (1991). Washington, D.C.: Children's Safety Network.

Beyond Rhetoric: A New American Agenda for Children and Families, Final Report of the National Commission on Children (1991). Washington, D.C.: U.S. Government Printing Office.

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Juveniles Referred to Family Court

DEFINITION

Juveniles referred to Family Court is the percentage of juveniles ages 10 to 17 referred to Rhode Island Family Court for all wayward and delinquent offenses.

SIGNIFICANCE

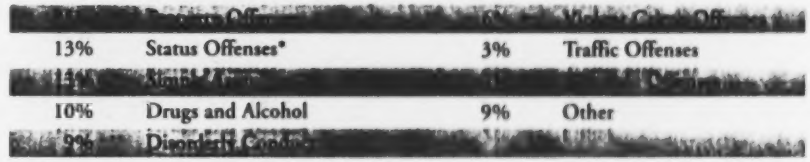
Risk factors for juvenile crime and delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including chronic truancy and falling behind one or more grade levels, increases the likelihood of involvement with the juvenile justice system. Effective juvenile crime prevention programs involve all components of the community, including families, schools, law enforcement agencies, health care professionals, and community-based organizations.

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for wayward and delinquent offenses. All referrals to Family Court are from the state and local law enforcement agencies except for truancy cases which are referred by local school departments.

In 1995, in Rhode Island, 4,191 juveniles were referred to Family Court for a total of 9,802 offenses (one youth can be charged with multiple offenses). In all, 4.4 % of Rhode Island youths ages 10 to 17 were referred to Family Court at least once in 1995. These numbers do not include instances in which local law enforcement agencies refer a juvenile to a youth diversionary program or a city or town juvenile hearing board.

In 1995 the Attorney General's Office filed 34 motions for waiver of jurisdiction to try juveniles as adults. Twenty-eight of these waiver motions were granted; two are pending.

Juvenile Wayward/Delinquent Offenses Referred to Family Court by Type, Rhode Island, 1995



n = 9,802

**Status Offenses are acts that are age-related and would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*

Juvenile Offenses, Rhode Island, 1994 to 1995

- Drug/Alcohol offenses increased 35%, from 691 to 933.
- Arson offenses increased 64%, from 61 to 100.
- Violent crime offenses increased 4%, from 557 to 579.
- Weapons offenses decreased 27%, from 311 to 226.
- Possession of firearm on school property decreased 61%, from 18 to 7.
- Possession of weapons other than firearms decreased 26%, from 162 to 120.

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The Rhode Island Training School for Youth

◆ The Department of Children, Youth, and Families operates the Rhode Island Training School for Youth, the state's 176-bed residential detention facility for adjudicated youths and those awaiting trial.

◆ As of December, 1995 there were 185 youths at the Training School — 9 more than capacity; approximately 550 youth per year pass through the Training School. The average sentence is between six and twelve months.

◆ The Training School population ranges in age from 12 to 20; the average age is seventeen years; 92% of the residents are male, 8% are female.

◆ Over sixty percent of the Training School population is made up of ethnic/racial minorities, including 35% African-American, 20% Hispanic, 5% Asian, and 7% other. Thirty-three percent are White. Fifty percent of the Training School population is from Providence.

◆ The mean reading level of the total Training School population is fifth grade, sixth month; and the mean mathematics level is fourth grade, ninth month. The educational histories of the youth reflect brief stints in many different public schools.

◆ A survey of educational records of Training School youth conducted in November 1995 confirms significant academic difficulty in local schools. Based on 61 records reviewed, in the year prior to incarceration, 4 youths had passing grades, 2 youths had mixed passing and failing grades, and 55 had all failing grades or no grades at all.

Sources: *Evaluation of Educational Services Provided for Incarcerated Juveniles*, RI Council on Vocational Education, April, 1995; *Report of the Special Master to the Rhode Island Training School for Youth Educational Program*, December 19, 1995; Rhode Island Training School for Youth, Youth Career Education Center.

Youth Rehabilitation Services

◆ After a law enforcement agency refers a juvenile to Family Court, a determination is made whether further court action should be taken or whether the youth should be referred to a diversion program. Juvenile diversion options include community service, restitution, mental health or substance abuse counseling, and/or a community-based youth diversionary program.

◆ Approximately 31% of all cases referred to Family Court are diverted instead of proceeding to a formal court hearing. Current community-based diversion/rehabilitation openings are limited. Specialized community-based placements are often unavailable for youth who need them.

◆ A 1994 National Law Journal survey of Family Court judges found that 84% desire a greater range of rehabilitation options for juveniles who appear before them. Three-quarters of the judges said that well-financed, quality rehabilitation programs could reclaim all but 10% of the youths.

Sources: The National Council on Crime and Delinquency Prevention, US Department of Justice, *Images and Reality: Juvenile Crime, Youth Violence, and Public Policy* (1995); The Children's Defense Fund, *The State of America's Children Yearbook* (1995).

References for Indicator

All data are from the Rhode Island Family Court, RIJIS Intake Statistics, Year End Reports, 1990-1995, unless otherwise noted.

Images and Reality: Juvenile Crime, Youth Violence, and Public Policy (1995). Washington, DC: The National Council on Crime and Delinquency Prevention.

Juveniles in Rhode Island: An Overview of the State's Juvenile Justice System and a Data Analysis/Statistical Summary Through Year 1993 (1995). Providence: Governor's Justice Commission.

Juvenile Offenders and Victims: A National Report (1995). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.

Report of the Special Master to the Rhode Island Training School for Youth Educational Program, December 19, 1995.

The State of America's Children Yearbook 1995 (1995). Washington, DC: The Children's Defense Fund.

Whitehouse, S., A Rising Tide of Youth Violence Threatens Cities Across America, The Providence Journal, October 19, 1995.

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Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total number of indicated cases of child abuse and neglect per 1,000 children. "Indicated case" means that credible evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated case can involve more than one child. Child abuse includes physical, sexual, and emotional abuse. Child neglect includes physical and emotional neglect.

SIGNIFICANCE

Children may suffer from child abuse regardless of their racial or ethnic background or socio-economic status. Children are at increased risk for maltreatment if their parents or caregivers are experiencing multiple problems such as drug and alcohol abuse, mental illness, emotional stress, poverty, unemployment, or domestic violence.

Child maltreatment can result in death, permanent disability, delayed development, mental and behavioral disorders, depression, and suicide. It is also linked to poor academic performance, juvenile delinquency, and teenage pregnancy.

In Rhode Island in 1995, there were 2,781 indicated cases of child abuse and neglect, a rate of 9.9 per 1,000 children. More than 50% of indicated cases involved children from the core cities of Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

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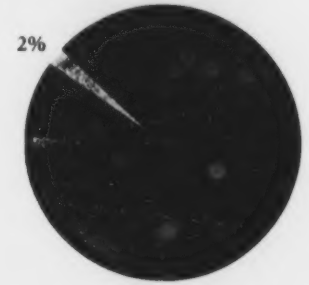
Indicated Cases of Child Abuse and Neglect, Rhode Island, 1994

BY AGE OF VICTIM

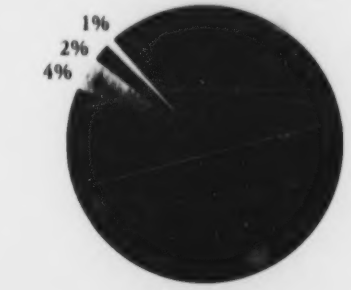
*(n=3,207)**

BY TYPE OF ABUSE



*(n=4,921)***

BY RELATIONSHIP OF PERPETRATOR TO VICTIM



*(n=5,323)****

Notes on Pie Charts

** The number of victims is higher than the number of indicated cases. One indicated case can involve more than one child victim. Data reflect an unduplicated count of child victims.*

***This number reflects maltreatment events, not children. Children often experience more than one type of abuse. For example, if a child were physically and sexually abused, two maltreatment events would be counted.*

****Perpetrators can abuse more than one child and can abuse a child more than once. The total number of perpetrators in 1994 was 3,244 and they carried out 5,323 incidents of abuse and neglect.*

Facts About Child Abuse in Rhode Island, 1994

◆ 3,207 children were victims of child abuse and neglect.

◆ 48% of child abuse and neglect victims were under age 6, including 204 infants under age one.

◆ 51% of the victims of child abuse and neglect were female, 49% were male.

◆ 76% of perpetrators were parents of the victims.

Rhode Island Child Deaths Due to Child Abuse and Neglect*

YEAR	NUMBER OF DEATHS
1990	4
1991	7
1992	2
1993	3
1994	5

** Based on R.I. Department of Children, Youth, and Families determination of death due to child abuse or neglect by parent or caretaker.*

Child Deaths Due to Abuse/Neglect, 1995: 5

The Impact of Violence in the Home On Children

◆ It is estimated that nationally between 3 and 10 million American children annually witness domestic violence; 87% of children in homes with domestic violence witness that abuse.

◆ The impact of children's exposure to domestic violence can cause psychological harm. In addition to fearing for their own and their mother's safety, children often experience self-blame. Exposure to such trauma can also limit cognitive development and the ability to form close attachments.

◆ The rate of child abuse is significantly greater for children in homes with spousal battery (husband to wife). A review of research on the relationship between domestic violence and child abuse indicates that up to 50% of the children in these violent homes are themselves abused.

◆ A recent study conducted by the Probation Department of the State of Massachusetts found that 43,000 children per year are exposed to domestic violence in Massachusetts. Sixty-five percent of the children are eight years old or younger.

Sources: American Bar Association Center on Children and the Law, *The Impact of Domestic Violence on Children* (1995); The National Health and Education Consortium, *Hidden Casualties: The Relationship Between Violence and Learning* (1995); The Boston Globe, October 12, 1995; R. Gelles, "Violent Families: The Relationship Between Child Abuse, Wife Abuse, and Other Forms of Family Violence" (1991); and L. Tutty, "Research Connections Between Spouse Abuse and Wife Abuse" (1995).

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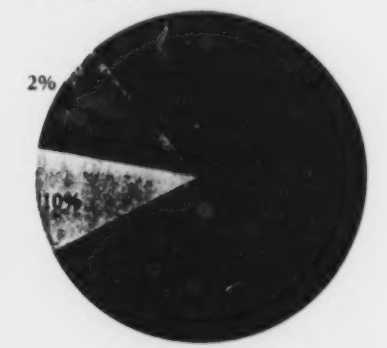
Child Abuse and Neglect

DCYF Caseload:

On December 1, 1995 the total active caseload of the Rhode Island Department of Children, Youth and Families was 7,760 children. This does not count the 1,954 children in pending child abuse and neglect investigations or the 994 children enrolled in DCYF community-based programs.

Children In DCYF Care by Living Arrangement



n = 7,760

Children in Out-of-Home Placements

◆ The most frequent reasons children are removed from their homes are neglect, lack of supervision, sexual abuse and physical abuse, and incapacity of the parent. Increasingly, parental abuse of alcohol and illegal drugs are contributing factors leading up to the need for substitute care. Some children are in out-of-home placements because they represent a danger to themselves, their families, or their communities.

◆ Out-of-home placements include non-relative foster homes, relative foster homes, specialized foster homes, relatives, group homes, shelter care, residential treatment, and medical facilities. As of December 1995, 2,999 Rhode Island children under the care of DCYF were in out-of-home placements. An additional 1,280 children were involved with subsidized or non-subsidized adoptions, and 119 were classified as unauthorized absence/runaways.

◆ Night-to-night placements refer to the temporary nightly placement of youths under the care of DCYF who are awaiting a permanent foster care placement or a group home/ treatment placement or who have run away from their current placement. During the month of December, 1995, an average of 18 youths per week were in night-to-night placements.

Foster Homes

◆ In Rhode Island as of December 1995, there were 1,679 children living in foster homes: 55% in non-relative foster homes, 38% in relative foster homes, and 7% in specialized foster homes (which provide specialized care to children with special medical needs).

◆ As of December 1995, there were 604 licensed foster homes providing non-relative foster care; 356 certified relative foster homes, and 136 homes pending licensure or certification.

◆ An increasing number of children entering relative and non-relative foster homes have significant emotional, behavioral and medical needs, including developmental delays, low birth weight, heart problems, AIDS, and health problems due to prenatal drug exposure. The complex needs of the children require adequate support for foster parents and a comprehensive array of services and supports in the community.

Residential Care

◆ As of December 1995, 398 young people in DCYF care were in residential treatment, 133 were in group homes, and 130 were in independent living situations.

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Table 18.

Number of Indicated Cases of Child Abuse & Neglect per 1,000 Children, Rhode Island 1995

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER 21	NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT	1995 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN	1994 RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN
Barrington	4,487	6	1.3	2.2
Bristol	6,186	25	4.0	4.8
Burrillville	5,109	35	6.8	4.5
Central Falls	5,579	106	19.0	22.2
Charlestown	1,783	15	8.4	7.3
Coventry	8,880	63	7.1	6.4
Cranston	17,558	153	8.7	7.5
Cumberland	7,523	36	4.8	5.3
East Greenwich	3,346	9	2.7	5.7
East Providence	12,520	78	6.2	7.4
Exeter	1,710	19	11.1	10.5
Foster	1,358	3	2.2	2.2
Glocester	2,944	16	5.4	2.7
Hopkinton	2,123	9	4.2	5.2
Jamestown	1,282	5	3.9	2.3
Johnston	6,309	45	7.1	6.0
Lincoln	4,543	30	6.6	6.4
Little Compton	867	1	1.2	0
Middletown	5,598	34	6.1	6.8
Narragansett	3,757	21	5.6	3.7
Newport	7,858	113	14.4	12.6
New Shoreham	184	0	0	0
North Kingstown	6,993	42	6.0	5.9
North Providence	6,846	58	8.5	6.7
North Smithfield	2,724	6	2.2	4.0
Pawtucket	19,655	272	13.8	13.2
Portsmouth	4,716	11	2.3	4.5
Providence	52,674	793	15.0	14.1
Richmond	1,766	8	4.5	4.0
Scituate	2,809	12	4.3	1.8
Smithfield	5,955	16	2.7	2.2
South Kingstown	9,612	33	3.4	3.3
Tiverton	3,752	18	4.8	2.9
Warren	2,851	27	9.5	9.5
Warwick	21,596	149	6.9	7.4
Westerly	5,771	60	10.4	10.6
West Greenwich	1,067	6	5.6	6.6
West Warwick	7,818	122	15.6	14.8
Woonsocket	12,511	252	20.1	20.4
Out-of-State	NA	35	NA	NA
Unknown	NA	39	NA	NA
Core Cities	***98,277***	***1,536***	***15.6***	***15.0***
Remainder of State	***182,343***	***1,245***	***6.8***	***6.2***
Rhode Island	***280,620***	***2,781***	***9.9***	***9.7***

Notes on Table

An indicated case is an investigated report of child abuse and neglect for which credible evidence exists that child abuse and/or neglect occurred. An indicated case can involve more than one child.

Source of Data for Table

Data are from the State of RI Department of Children, Youth and Families, Child Abuse and Neglect Tracking System, number of reports (indicated cases) for the period January 1, 1995 to December 31, 1995. Population data are from US Bureau of the Census, 1990 Census of Population.

References for Indicator

Child Maltreatment 1993: Reports from the States to the National Center on Child Abuse and Neglect (1995). Washington, DC: US Department of Health and Human Services, National Center on Child Abuse and Neglect.

Child Welfare: Complex Needs Strain Capacity to Provide Services (1995). Washington, DC: US General Accounting Office.

Ellement, J. *Study Details Domestic Violence*, The Boston Globe, October 12, 1995.

Hidden Casualties: The Relationship Between Violence and Learning (1995). Washington, DC: The National Health and Education Consortium.

The Impact of Domestic Violence on Children, A Report to the President of the American Bar Association (1994). Chicago: American Bar Association Center on Children and the Law.

Wolfner, G. and R. Gelles, *A Profile of Violence Toward Children: A National Study*, (1993). Kingston, RI: Family Violence Research Program, University of Rhode Island.

Gelles R.J., "Violent Families: The Relationship Between Child Abuse, Wife Abuse, and Other Forms of Family Violence", presentation at BSPCAN, First National Congress on the Prevention of Child Abuse and Neglect, University of Leicester, UK (1991).

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Be Like The Bird

Be like the bird, who
Halting in his flight
On limb too slight
Feels it give way beneath him,
Yet sings
Knowing he hath wings.

– Victor Hugo

Education

Child Care

DEFINITION

Child care is the number of full-time licensed child care center slots and certified family child care home slots.

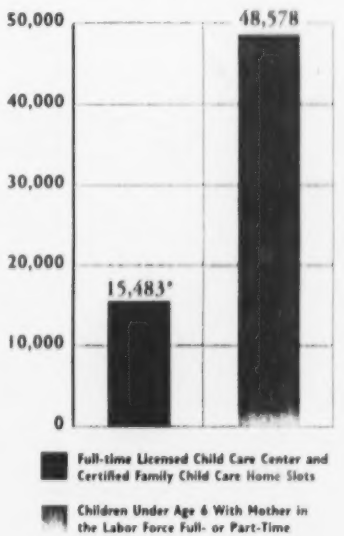
SIGNIFICANCE

The increasing proportion of women in the labor force has resulted in significant numbers of children who need child care in their earliest years. Many two-parent families need two incomes to make ends meet; one quarter of all working women are sole wage-earners for their children. In Rhode Island, 61% of mothers with a youngest child under age 6 are in the labor force.

Young children need safe, nurturing, developmentally appropriate child care. School-age children fare best if they have after-school supervision, programmed activities, and the attention of caring adults. Research points to a relatively low supply of quality child care for infants, school-age children, children with disabilities and special health care needs, and parents with unconventional or shifting work hours.

In Rhode Island, a shortage of child care options leaves many families unable to find safe, affordable, good quality child care for their children.

Licensed Child Care for Children Under Age 6, Rhode Island, 1995



**Does not include part-time child care center slots and informal child care arrangements.*

Quality Child Care for Young Children

◆ The single most important factor in quality child care is the relationship between the child and the caregiver. This relationship depends on the ratio of caregivers to children, the education and training levels of the caregivers, and the consistency of staff and care.

◆ A quality child care program also attends to basic issues of health and safety, and emphasizes a partnership between parents and caregivers. Two recent national studies of both center care and family child care found that significant numbers of children in child care programs are receiving mediocre or poor quality care.

◆ Child care providers are among the lowest paid workers in the labor market, yet child care costs represent the largest expense in most familys' budgets after rent. The less families earn, the higher the proportion of income spent on child care.

School Age Child Care

◆ School-age child care refers to formally organized care for 5 to 13 year olds that occurs before and/or after school during the academic year and all day during the summer and vacation periods.

◆ The beneficial effects of organized school-age child care programs include more highly developed social skills, and improved reading and math scores. Research suggests that self-care can lead to increased susceptibility to peer pressure and higher levels of fear, isolation, and loneliness.

◆ Although the exact number of children in self-care is uncertain, the Census Bureau estimates that nationally about 4.6 million school-age children are in self-care (defined as being alone 25 hours or more weekly).

◆ In Rhode Island, as of November 1995, there were 5,750 licensed school-age child care slots.

Table 19

Women In The Labor Force, With Children Under Age 6, Rhode Island, 1990

CITY/TOWN	% OF WOMEN IN LABOR FORCE	POTENTIAL # OF CHILDREN < AGE 6 IN NEED OF CHILD CARE
Barrington	51.2%	660
Bristol	75.0%	1,194
Burrillville	69.4%	976
Central Falls	52.4%	1,005
Charlestown	57.1%	333
Coventry	63.5%	1,549
Cranston	55.3%	2,871
Cumberland	63.5%	1,342
East Greenwich	42.1%	363
East Providence	66.5%	2,468
Exeter	63.5%	343
Foster	57.4%	223
Glocester	68.2%	553
Hopkinton	59.4%	375
Jamestown	52.3%	203
Johnston	54.2%	991
Lincoln	63.8%	841
Little Compton	70.0%	181
Middletown	55.1%	971
Narragansett	63.1%	656
Newport	50.0%	1,072
New Shoreham	75.0%	50
North Kingstown	60.1%	1,182
North Providence	58.2%	1,157
North Smithfield	63.5%	383
Pawtucket	66.2%	4,213
Portsmouth	61.0%	815
Providence	52.4%	7,730
Richmond	64.5%	352
Scituate	70.0%	543
Smithfield	59.1%	763
South Kingstown	59.4%	966
Tiverton	60.7%	605
Warren	71.6%	652
Warwick	55.0%	3,384
Westerly	62.0%	1,109
West Greenwich	64.5%	192
West Warwick	52.6%	1,260
Woonsocket	55.1%	2,186
Core Cities	*55.2%*	*16,206*
Remainder of State	*61.5%*	*32,372*
Rhode Island	*60.7%*	*48,578*

Table 20

Full-Time Child Care Slots for Children Less Than Age 6, Rhode Island, 1995

CITY/TOWN	NUMBER OF CHILD CARE CENTER SLOTS AGES UNDER 3	NUMBER OF CHILD CARE CENTER SLOTS AGES 3-5	NUMBER OF CERTIFIED FAMILY CHILD CARE HOME SLOTS
Barrington	55	207	54
Bristol	49	104	69
Burrillville	0	62	51
Central Falls	0	90	54
Charlestown	8	34	22
Coventry	49	158	176
Cranston	204	173	176
Cumberland	12	122	149
East Greenwich	77	210	33
East Providence	137	500	164
Exeter	0	35	12
Foster	0	22	19
Glocester	16	20	54
Hopkinton	0	0	36
Jamestown	9	20	36
Johnston	56	277	126
Lincoln	88	248	73
Little Compton	0	0	0
Middletown	119	219	67
Narragansett	33	101	42
Newport	65	232	55
New Shoreham	0	0	11
North Kingstown	93	343	100
North Providence	60	139	117
North Smithfield	0	0	68
Pawtucket	164	380	258
Portsmouth	63	99	43
Providence	734	2,036	618
Richmond	0	15	33
Scituate	47	36	0
Smithfield	113	193	38
South Kingstown	129	306	90
Tiverton	25	105	47
Warren	31	101	27
Warwick	1029	335	335
Westerly	49	116	34
West Greenwich	0	0	18
West Warwick	315	77	77
Woonsocket	70	327	122
Core Cities	*1,833*	*5,455*	*2,197*
Remainder of State	*1,594*	*3,697*	*3,597*
Rhode Island	*3,427*	*6,752*	*5,794*

Notes on Table

Potential number of children less than age 6 is based on the number of children under age 6 multiplied by the percentage of women in the labor force. These data are from the 1990 Census of the Population. Number of child care slots is the number of licensed full time child care center slots for children under age 6, and the number of slots in certified family child care homes, as of November 1995. These numbers do not include part-time child care center slots and informal child care arrangements.

Source of Data for Table

Percentage of women in the labor force is based on US Bureau of the Census, 1990 Census of Population. All other data are from Options for Working Parents, Greater Providence Chamber of Commerce, and the RI Department of Children, Youth and Families.

References for Indicator

A Matter of Time, Risk and Opportunity in the Nonschool Hours (1992). New York: Carnegie Corporation.

Early Childhood Care and Education, An Investment That Works (1995). Washington, DC: National Conference of State Legislatures.

Embracing Our Future (1991). Boston: The Boston Foundation.

Starting Points, Meeting the Needs of our Youngest Children (1994). New York: Carnegie Corporation.

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Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the percentage of eligible 3 and 4 year old children enrolled in the Head Start preschool program as of October 1, 1995.

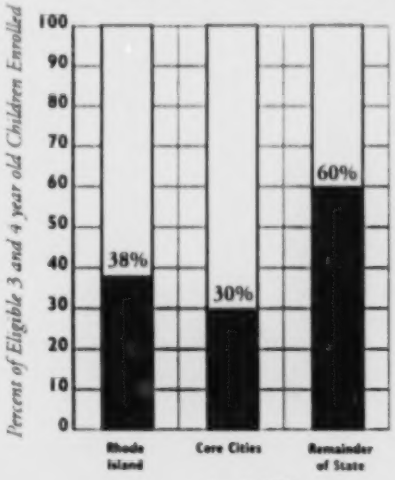
SIGNIFICANCE

Head Start is a comprehensive early childhood development program for low-income preschool children, primarily ages three to five, and their families. Children living in families with incomes below 100% of the Federal poverty line are eligible for Head Start. Up to 10% of the children can have a family income above the poverty line, especially if the child has a special need.

Head Start program components include education, parent involvement, social services, health and nutrition, and mental health. The program is designed to provide low-income children with the socialization and school-readiness skills they need to enter public schools on an equal footing with more economically advantaged children.

In Rhode Island, 2,379 children are enrolled in Head Start, 38% of eligible 3 and 4 year olds. Of the core cities, only Newport and Woonsocket have at least 38% of eligible children enrolled. Pawtucket and Central Falls have less than 13% of eligible children enrolled.

Percentage* of Eligible 3 and 4 Year Olds Enrolled in Head Start, Rhode Island, 1995



(n= 2,379)

** Percentages of eligible children enrolled are overestimates because eligible poor children not enrolled in AFDC are not included in the calculations. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.*

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Quality Early Childhood Programs Enhance School Success

◆ Many factors contribute to a child's success in school. School readiness is based on children's physical health, self-confidence and social competence. Readiness is not determined solely by the innate abilities and capacities of young children. Readiness is shaped and developed by people and environments in the early childhood years.

◆ Children most at risk of school failure are those most likely to benefit from quality pre-school programs. The Committee on Economic Development reported in 1991 that for every dollar spent on a comprehensive and intensive pre-school program for the disadvantaged, society saves up to $6 in the long-term costs of welfare, remedial education, teen pregnancy and crime.

◆ According to a 1993 report issued by the Government Accounting Office about 35% of all poor three and four year olds participate in a pre-school program compared to 60% of the highest income three and four year olds.

◆ Low-income children enrolled in comprehensive pre-school programs like Head Start are less likely to fail a grade, less likely to require special education or remedial education, and more likely to finish high school.

Source: Smith, Sally and M. Fairchild, S. Grogimsky (1995). *Early Childhood Care and Education. An Investment that Works.* Washington, D.C.: National Conference of State Legislatures.

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Table 21.

Percent of Eligible Children Ages 3 and 4 Enrolled in Head Start, Rhode Island, 1995

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN AGED 3&4	NUMBER OF CHILDREN ENROLLED IN HEAD START	% OF ELIGIBLE 3&4 YEAR OLDS ENROLLED	1994 % OF ELIGIBLE 3&4 YEAR OLDS ENROLLED
Barrington	7	2	29%	29%
Bristol	48	30	63%	57%
Burrillville	30	24	80%	72%
Central Falls	324	40	12%	14%
Charlestown	8	2	25%	38%
Coventry	82	38	46%	39%
Cranston	252	194	77%	74%
Cumberland	52	20	39%	28%
East Greenwich	17	3	18%	43%
East Providence	182	77	42%	38%
Exeter	7	4	57%	71%
Foster	3	0	0%	100%
Glocester	11	12	100%	61%
Hopkinton	11	7	64%	56%
Jamestown	3	0	0%	50%
Johnston	73	41	56%	56%
Lincoln	32	17	53%	58%
Little Compton	3	3	100%	33%
Middletown	42	41	98%	100%
Narragansett	26	12	46%	40%
Newport	226	168	74%	84%
New Shoreham	2	0	0%	0%
North Kingstown	78	54	69%	52%
North Providence	82	58	71%	45%
North Smithfield	6	5	83%	75%
Pawtucket	671	80	12%	12%
Portsmouth	12	11	92%	58%
Providence	2,803	900	32%	35%
Richmond	15	6	40%	50%
Scituate	8	5	63%	50%
Smithfield	22	9	41%	75%
South Kingstown	37	20	54%	60%
Tiverton	34	16	47%	52%
Warren	36	21	58%	59%
Warwick	209	137	66%	50%
Westerly	88	38	43%	48%
West Greenwich	8	1	13%	21%
West Warwick	154	99	64%	55%
Woonsocket	489	184	38%	41%
Core Cities	***4,513***	***1,372***	***30%***	***33%***
Remainder of State	***1,679***	***1,007***	***60%***	***54%***
Rhode Island	***6,192***	***2,379***	***38%***	***39%***

Notes on Table

Estimated number of eligible children is based on the number of 3 and 4 year old children in families receiving AFDC on December 1, 1995. Percentages of eligible children enrolled are overestimates because eligible poor children not enrolled in AFDC are not included in the calculations. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

Source of Data for Table

Rhode Island Head Start Programs, children enrolled on October 1, 1995; U.S. Department of Health and Human Services, Region 1, Administration on Children, Youth and Families; and Rhode Island Department of Human Services INRHODES Data Tapes, December 1, 1995. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References for Indicator

Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children (1991). Washington D.C.: U.S. Government Printing Office.

Schott, J.B. and D. Schott (1988). *Within Our Reach: Breaking the Cycle of Disadvantage*. New York: Anchor Press.

Smith, Sally and M. Fatchild, S. Grogitsky (1995). *Early Childhood Care and Education. An Investment that Works*. Washington, D.C.: National Conference of State Legislatures.

Starting Points: Meeting the Needs of Our Youngest Children (1994). New York, NY: Carnegie Corporation.

The State of America's Children Yearbook: 1995 (1995). Washington, D.C.: Children's Defense Fund.

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Fourth-Grade Reading Skills

DEFINITION

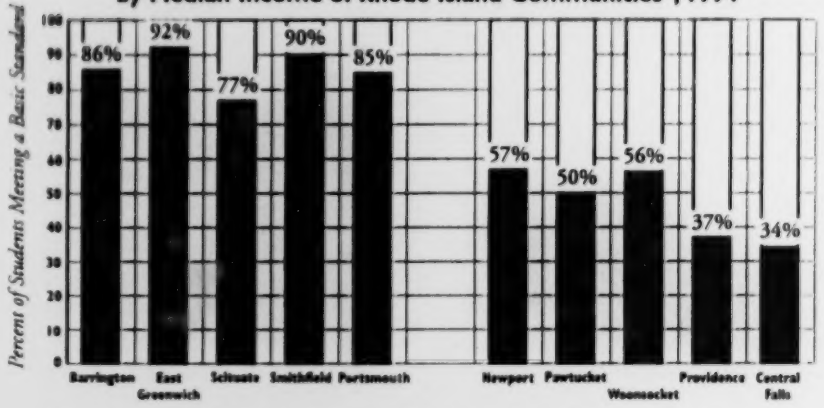
Fourth-grade reading skills is the percentage of fourth-grade students who scored at the 40th percentile or higher on the Metropolitan Achievement Test (MAT) in 1994, considered a "basic" standard in terms of national norms. Scores are from the Reading Comprehension subtest and are based on the 1992 national norms.

SIGNIFICANCE

Reading skills are critical to a student's success in school and in the workforce. Students who cannot read are more likely to be absent from school and to exhibit behavior problems and low self-esteem. Students need high quality instruction and the necessary resources to achieve high performance standards in reading.

Parents of all educational backgrounds and income levels can play a significant role in shaping students' reading abilities by the reading practices and attitudes that they convey at home. According to the National Education Goals Panel, children who report that they regularly read for fun on their own time consistently outperform students who read only what is required of them at school. Children who regularly discuss their reading with family and friends score significantly higher in reading than students who report that they rarely or never do so. Student reading proficiency declines as television viewing increases. Nationally, one out of every five fourth graders watches six or more hours of television daily.

Fourth-Grade Students Meeting a Basic Standard in Reading, by Median Income of Rhode Island Communities*, 1994



**The five communities in Rhode Island with the highest median household income are Barrington, East Greenwich, Scituate, Smithfield and Portsmouth. The five communities in Rhode Island with the lowest median household income are Newport, Pawtucket, Woonsocket, Providence and Central Falls. Rhode Island median household incomes in 1990 ranged from a high of $53,058 in Barrington to a low of $18,617 in Central Falls.*

◆ Demographic variables, such as parent education and the socioeconomic status of the community, are strong predictors of student achievement in reading.

◆ Achievement test scores are only one measure of a child's reading ability. These standardized tests need to be supplemented with a broader range of measures that are less subject to culture and gender bias.

Sources: *Reaching for High Standards: Student Performance in Rhode Island*, 1994 (February 1995). Providence: Department of Elementary and Secondary Education; *Wasting America's Future* (1994). Washington, DC: The Children's Defense Fund.

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Table 22.

Fourth-Grade Reading Scores, Rhode Island, 1994

	COMMUNITY CONTEXT					
	% CHILDREN IN POVERTY	% ADULTS COMPLETING HIGH SCHOOL	NUMBER OF STUDENTS ENROLLED	% LIMITED ENGLISH PROFICIENCY	% MINORITY ENROLLMENT	% OF 4TH GRADE STUDENTS AT OR ABOVE THE 40TH PERCENTILE IN READING (MAT 1994)	% OF 4TH GRADE STUDENTS AT OR ABOVE THE 40TH PERCENTILE IN READING (MAT 1993)
Barrington	1.3%	88.9%	2,725	NA	2.0%	86%	86%
Bristol–Warren	6.6%	NA	4,127	5.1%	2.0%	68%	78%
Burrillville	6.1%	70.6%	2,974	0.3%	1.0%	82%	73%
Central Falls	32.5%	46.9%	2,783	28.1%	57.0%	34%	24%
Chariho	5.0%	82.2%	3,662	0.5%	4.0%	79%	71%
Coventry	5.3%	74.4%	5,419	0.3%	2.0%	66%	76%
Cranston	9.5%	74.0%	10,051	4.6%	10.0%	71%	68%
Cumberland	4.7%	74.7%	4,595	2.5%	4.0%	75%	74%
East Greenwich	5.3%	89.8%	2,132	0.8%	3.0%	92%	91%
East Providence	8.7%	66.9%	6,652	5.6%	11.0%	58%	61%
Exeter–West Greenwich	3.2%	78.0%	1,820	NA	1.0%	63%	66%
Foster	7.6%	81.9%	395	NA	1.0%	85%	75%
Foster–Glocester	6.8%	82.5%	1,303	NA	1.0%	NA	NA
Glocester	6.5%	82.8%	900	NA	1.0%	81%	85%
Jamestown	8.1%	89.0%	576	NA	2.0%	92%	85%
Johnston	8.4%	66.8%	3,270	1.3%	4.0%	67%	68%
Lincoln	7.0%	76.1%	2,946	0.8%	4.0%	78%	76%
Little Compton	2.7%	86.0%	368	0.6%	NA	69%	75%
Middletown	6.0%	85.0%	2,954	1.4%	11.0%	71%	64%
Narragansett	4.5%	87.2%	1,925	1.1%	4.0%	75%	88%
Newport	20.3%	84.1%	3,256	1.1%	26.0%	57%	63%
New Shoreham	10.1%	94.0%	118	NA	8.0%	88%	55%
North Kingstown	4.7%	86.2%	4,223	1.2%	4.0%	82%	85%
North Providence	5.4%	70.8%	3,663	3.3%	8.0%	65%	59%
North Smithfield	1.6%	71.5%	1,681	0.7%	2.0%	89%	88%
Pawtucket	15.5%	61.6%	9,101	11.4%	27.0%	50%	49%
Portsmouth	4.4%	86.3%	2,699	NA	4.0%	85%	89%
Providence	34.5%	62.8%	22,832	18.1%	71.0%	37%	42%
Scituate	3.7%	83.8%	1,605	0.1%	2.0%	77%	78%
Smithfield	4.1%	80.8%	2,659	0.1%	2.0%	90%	80%
South Kingstown	7.5%	85.5%	3,641	1.1%	8.0%	80%	76%
Tiverton	6.4%	70.5%	2,091	0.1%	1.0%	74%	78%
Warwick	5.9%	77.8%	12,137	0.8%	4.0%	69%	72%
Westerly	8.7%	75.6%	3,252	1.6%	3.0%	65%	66%
West Warwick	11.8%	70.3%	4,028	3.6%	7.0%	66%	59%
Woonsocket	21.4%	56.2%	6,408	5.2%	23.0%	56%	59%
Core Cities	***27.3%***	***NA***	***44,380***	***14.1%***	***50.5%***	***NA***	***NA***
Remainder of State	***6.5%***	***NA***	***100,551***	***1.8%***	***4.9%***	***NA***	***NA***
Rhode Island	***13.5%***	***72.0%***	***144,931***	***5.6%***	***19.0%***	***65%***	***66%***

NA: Data not available

Notes on Table

Percent of 4th grade students meeting a basic standard in reading according to the 1994 Metropolitan Achievement Tests, Rhode Island School Districts, 1994. Core cities are Providence, Pawtucket,Central Falls, Woonsocket and Newport.

Source of Data for Table

Percent of children living in poverty is based on U.S. Bureau of the Census, 1990 Census of Population. All other data are from the Department of Elementary and Secondary Education, *Reaching for High Standards: Student Performance in Rhode Island*, 1994, unless otherwise indicated.

References

The National Education Goals Report: Building a Nation of Learners (1995). Washington, DC: U.S. Government Printing Office.

Reaching for High Standards: Student Performance in Rhode Island, 1994 (February 1995). Providence: Department of Elementary and Secondary Education.

Wasting America's Future (1994). Washington, DC: The Children's Defense Fund.

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High School Graduation Rate

DEFINITION

High School Graduation Rate is the percentage of the ninth-grade class that is expected to graduate, based on the existing drop-out incidence among 9th, 10th, 11th, and 12th grade students. The rate is computed using fall enrollment data and the number of students who drop-out between October 2, 1993 and October 1, 1994. It is a four-year cumulative rate, and represents the probability of an individual student graduating from high school.

SIGNIFICANCE

Children who receive a quality education are more likely to grow into capable, self-sufficient adults who contribute to their communities. With the decline in manufacturing and the increased reliance on an information-based economy, education has become critical to a young person's success in the labor market.

Children and teens in economically disadvantaged communities and whose parents have little formal education are more likely to drop out of school. Early warning signs for a student likely to drop out of school include inability to read at grade level, poor grades, frequent truancy, behavior problems, substance abuse, and teen pregnancy.

Eighty-two percent of Rhode Island students enrolled in ninth grade in the Fall of 1994 are expected to graduate from high school.

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Factors Influencing School Achievement

◆ Achievement differences among school districts, and among schools within a district, are correlated with the socio-economic status of the community or neighborhood. There are currently major contrasts in educational achievement and student outcomes depending on where a student lives and goes to school.

◆ Schools in low-income communities have more limited access to up-to-date instructional materials, adequate classroom space, well-equipped libraries, laboratories, computers and after-school sports and cultural activities.

◆ Many children of color not only attend schools with fewer resources, but may also be confronted with low expectations. Research shows minority students are disproportionately assigned to special education classes and steered toward vocational education.

◆ Students can benefit from access to a broad range of community supports that address academic issues, health problems, inadequate nutrition, neighborhood and family violence, and other factors that can disrupt school performance.

Source: *America's Children at Risk: A National Agenda for Legal Action* (1993). Washington, DC: American Bar Association.

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Table 23.

High School Graduation Rate, Rhode Island, 1994

	COMMUNITY CONTEXT							
	% CHILDREN IN POVERTY	% ADULTS COMPLETING HIGH SCHOOL	NUMBER OF STUDENTS ENROLLED	% LIMITED ENGLISH PROFICIENCY	% MINORITY ENROLLMENT	% OF STUDENTS TAKING THE SAT	HIGH SCHOOL GRADUATION RATE	1993 HIGH SCHOOL GRADUATION RATE
Barrington	1.3%	88.9%	2,725	NA	2.0%	89%	96.9%	95.7%
Bristol–Warren	6.6%	NA	4,127	5.1%	2.0%	58%	80.3%	79.3%
Burrillville	6.1%	70.6%	2,974	0.3%	1.0%	62%	91.5%	94.7%
Central Falls	32.5%	46.9%	2,783	28.1%	57.0%	41%	62.1%	52.6%
Chariho	5.0%	82.2%	3,662	0.5%	4.0%	44%	82.9%	85.4%
Coventry	5.3%	74.4%	5,419	0.3%	2.0%	54%	92.6%	94.2%
Cranston	9.5%	74.0%	10,051	4.6%	10.0%	60%	82.3%	83.0%
Cumberland	4.7%	74.7%	4,595	2.5%	4.0%	67%	88.9%	89.7%
East Greenwich	5.3%	89.8%	2,132	0.8%	3.0%	91%	92.6%	92.4%
East Providence	8.7%	66.9%	6,652	5.6%	11.0%	59%	77.7%	84.3%
Exeter–West Greenwich	3.2%	78.0%	1,820	NA	1.0%	65%	87.5%	96.2%
Foster	7.6%	81.9%	395	NA	1.0%	NA	NA	NA
Foster–Glocester	6.8%	82.5%	1,303	NA	1.0%	62%	87.1%	85.7%
Glocester	6.5%	82.8%	900	NA	1.0%	NA	NA	NA
Jamestown	8.1%	89.0%	576	NA	2.0%	NA	NA	NA
Johnston	8.4%	66.8%	3,270	1.3%	4.0%	50%	87.9%	82.8%
Lincoln	7.0%	76.1%	2,946	0.8%	4.0%	72%	91.0%	93.0%
Little Compton	2.7%	86.0%	368	0.6%	NA	NA	NA	NA
Middletown	6.0%	85.0%	2,954	1.4%	11.0%	78%	92.6%	97.8%
Narragansett	4.5%	87.2%	1,925	1.1%	4.0%	76%	96.5%	95.8%
Newport	20.3%	84.1%	3,256	1.1%	26.0%	71%	84.8%	86.3%
New Shoreham	10.1%	94.0%	118	NA	8.0%	63%	100%	85.7%
North Kingstown	4.7%	86.2%	4,223	1.2%	4.0%	70%	88.3%	86.7%
North Providence	5.4%	70.8%	3,663	3.3%	8.0%	45%	85.1%	96.5%
North Smithfield	1.6%	71.5%	1,681	0.7%	2.0%	68%	93.9%	93.7%
Pawtucket	15.5%	61.6%	9,101	11.4%	27.0%	55%	61.8%	59.9%
Portsmouth	4.4%	86.3%	2,699	NA	4.0%	84%	96.2%	92.3%
Providence	34.5%	62.8%	22,832	18.1%	71.0%	72%	69.5%	68.7%
Scituate	3.7%	83.8%	1,605	0.1%	2.0%	74%	95.9%	89.2%
Smithfield	4.1%	80.8%	2,659	0.1%	2.0%	80%	95.2%	93.0%
South Kingstown	7.5%	85.5%	3,641	1.1%	8.0%	86%	90.0%	91.4%
Tiverton	6.4%	70.5%	2,091	0.1%	1.0%	57%	85.9%	77.9%
Warwick	5.9%	77.8%	12,137	0.8%	4.0%	66%	90.4%	91.0%
Westerly	8.7%	75.6%	3,252	1.6%	3.0%	72%	84.6%	86.4%
West Warwick	11.8%	70.3%	4,028	3.6%	7.0%	61%	78.0%	81.4%
Woonsocket	21.4%	56.2%	6,408	5.2%	23.0%	50%	65.6%	65.2%
Core Cities	***27.3%***	***NA***	***44,380***	***14.1%***	***50.5%***	***NA***	***NA***	***NA***
Remainder of State	***6.5%***	***NA***	***100,551***	***1.8%***	***4.9%***	***NA***	***NA***	***NA***
Rhode Island	***13.5%***	***72.0%***	***144,931***	***5.6%***	***19.0%***	***65%***	***81.8%***	***81.7%***

NA: Data not available

Source of Data for Table

Percent of children in poverty, percent adults completing high school are from the 1990 Census of Population. All other data are from the Rhode Island Department of Elementary and Secondary Education, *Rhode Island Public Schools: 1994 District Profiles*.

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Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and unemployed. This indicator includes recent high school graduates who are unemployed, and teens who have dropped out of high school who are jobless.

SIGNIFICANCE

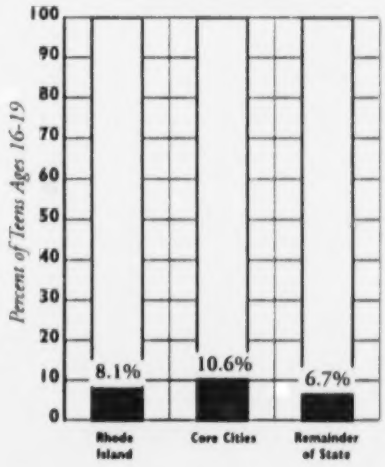
Teens who lack the opportunities that accompany strong skills, educational attainment, and prospects for success in the labor market are unlikely to realize their full potential. Gaps in schooling and lack of workforce preparation can place teens at a significant disadvantage as they transition from adolescence to adulthood.

There are significant barriers for teens with low-skills and minimal education to move out of the minimum wage labor market as they enter early adulthood. Low-skills and low-wages make it difficult for young men and women to support families at a standard of living above the poverty line.

Rhode Island ranks well compared to the rest of the country in the number of teens not in school and not working. However, there continues to be a significant gap between the core cities and the remainder of the state.

In 1990, eight percent of youth ages 16 to 19 were not in school and not working.

Percent of Teens Not In School and Not Working, Rhode Island, 1990



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School-to-Work: Building Skills for Workforce Participation and Advancement

◆ School-to-work programs aim to systematically construct a bridge from education to employment. They recognize that students learn better and perform more competently in the context of solving real-world problems. Effective school-to-work programs provide career guidance that begins early in the youth's school experience and continues throughout high school.

◆ The most effective of the current generation of school-to-work programs show positive effects on attitudes toward work, school attendance and drop-out rates. However, many school-to-work efforts do not adequately address the needs of students on the verge of dropping out of school and out-of-school youth.

◆ Opportunities that focus on job advancement and income gains, as well as on getting employment, are especially important to minority youth and to women. School-to-work programs can bridge race and gender barriers and provide an entry point into better paying occupations.

◆ Many teens work to help support the family household and meet their own basic expenses. School-to-work efforts, especially in low-income communities, need to include paid work opportunities for teens.

◆ Many adult professionals and middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections to employers and places of employment. Effective school-to-work programs work to construct (or reconstruct) these networks.

Sources: U.S. Department of Labor, Employment and Training Administration (1995). *Skills, Standards and Entry Level Work: Elements of a Strategy for Youth Employability Development.* Rainbow Research (1994). *Job Opportunity Initiatives: Toward a Better Future for Low-Income Children and Youth.*

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Table 24. **% Teens Not in School and Not Working, Ages 16-19, Rhode Island, 1990**

CITY/TOWN	TOTAL NUMBER OF TEENS AGES 16-19	JOBLESS NON-HIGH SCHOOL GRADUATES	JOBLESS HIGH SCHOOL GRADUATES	TOTAL NUMBER OF JOBLESS TEENS	% OF TEENS WHO ARE JOBLESS
Barrington	800	8	17	25	3.1%
Bristol	1,703	43	34	77	4.5%
Burrillville	886	33	31	64	7.2%
Central Falls	931	35	100	135	14.5%
Charlestown	261	0	0	0	0.0%
Coventry	1,689	59	52	111	6.6%
Cranston	3,500	99	304	403	11.5%
Cumberland	1,474	59	128	187	12.7%
East Greenwich	627	0	7	7	1.1%
East Providence	2,408	72	180	252	10.5%
Exeter	279	16	17	33	11.8%
Foster	232	16	3	19	8.2%
Glocester	565	27	27	54	9.6%
Hopkinton	377	10	44	54	14.3%
Jamestown	226	0	10	10	4.4%
Johnston	1,235	13	30	43	3.5%
Lincoln	874	32	17	49	5.6%
Little Compton	167	0	4	4	2.4%
Middletown	922	20	27	47	5.1%
Narragansett	653	15	16	31	4.7%
Newport	1,978	56	46	102	5.2%
New Shoreham	20	0	0	0	0.0%
North Kingstown	1,269	12	27	39	3.1%
North Providence	1,444	29	78	107	7.4%
North Smithfield	578	30	0	30	5.2%
Pawtucket	3,632	81	303	384	10.6%
Portsmouth	851	10	13	23	2.7%
Providence	12,841	253	1,042	1,294	10.1%
Richmond	284	18	16	34	12.0%
Scituate	555	24	10	34	6.1%
Smithfield	1,625	21	16	37	2.3%
South Kingstown	3,818	15	7	22	0.6%
Tiverton	813	34	24	58	7.1%
Warren	505	0	37	37	7.3%
Warwick	4,231	151	198	349	8.2%
Westerly	992	10	98	108	10.9%
West Greenwich	211	15	0	15	7.1%
West Warwick	1,478	46	89	135	9.1%
Woonsocket	2,357	101	285	386	16.4%
Core Cities	*21,739*	*527*	*1,776*	*2,303*	*10.6%*
Remainder of State	*37,551*	*957*	*1,563*	*2,520*	*6.7%*
Rhode Island	*59,290*	*1,484*	*3,339*	*4,823*	*8.1%*

Sources of Data for Table

All data are from the U.S. Bureau of the Census, 1990 Census of Population, unless otherwise noted. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

References

Job Opportunity Initiatives: Toward a Better Future for Low-Income Children and Youth (1994). Minneapolis, MN: Rainbow Research, Inc.

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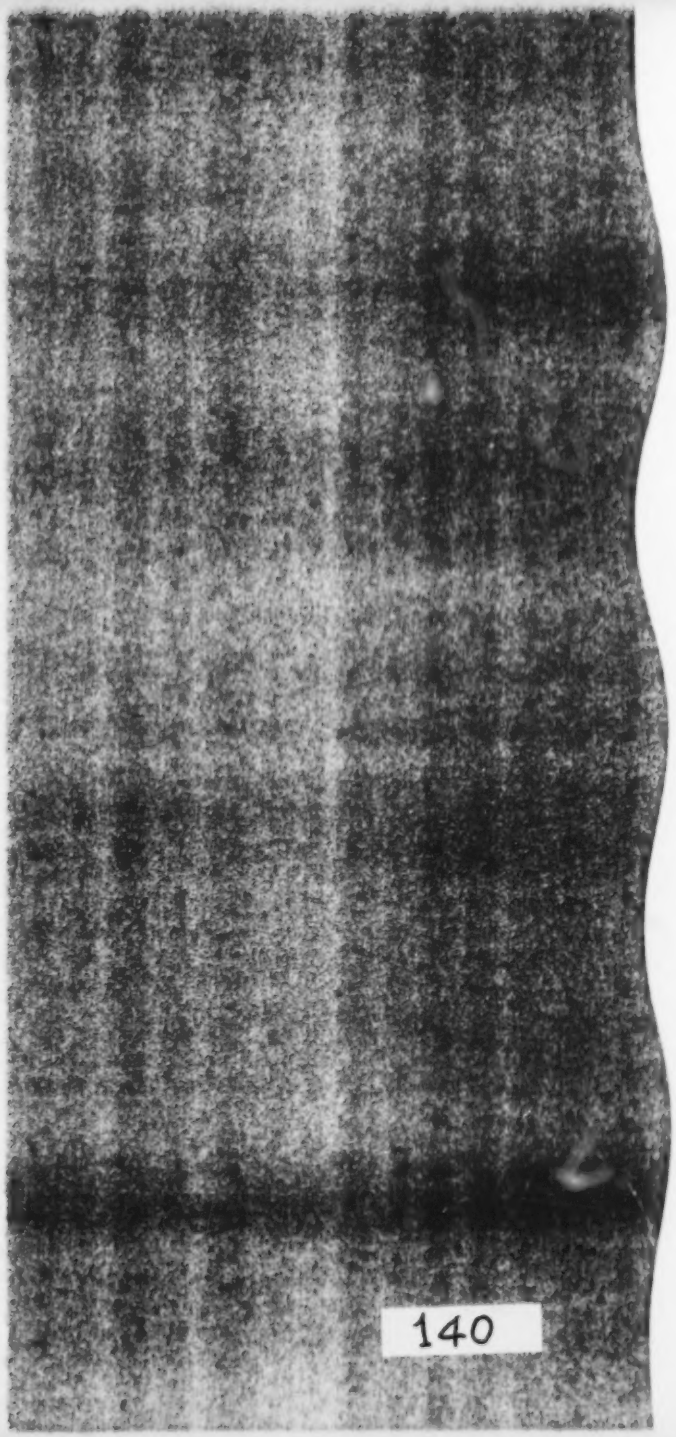

Methodology and Acknowledgements

Methodology

The 1996 Rhode Island KIDS COUNT Factbook provides data for twenty-three indicators of child well-being. The data are presented in three different ways:

NUMBERS

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period - e.g. the number of child deaths between 1988 and 1992.

Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born low birthweight.

RATES AND PERCENTS

A rate is a measure of the probability of an event - e.g. out of every 1,000 live births, how many infants will die before their first birthday?

A percent is another measure of the probability of an event - e.g. out of every 100 births, how many will be born low birthweight?

Rates and percents take into account the total population of children eligible for an event and therefore, are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standard or to look at trends over time.

LIMITATIONS

In any data collection process there are always concerns about the accuracy and completeness of the data being collected. All data used in the 23 indicators were collected through the U.S. Bureau of the Census and through routine data collection systems operated by different agencies of the state of Rhode Island. We do not have estimates of the completeness of reporting to these systems.

In all cases, we used the most reliable data currently available. For census-based indicators, statewide numbers have been updated to 1993 using the current Population Survey, 1991-1995 average. The Current Population Survey does not provide data at the level of city and town. City/town tables, therefore, use information from the 1990 Census of Population.

We expect that over time the data used to assess child well-being in Rhode Island will be more timely and will contain more complete information on the state's racial and ethnic communities than is currently available.

SOURCES OF DATA AND METHODOLOGY FOR CALCULATING RATES AND PERCENTS

For each indicator, the source of information for the actual number of events of interest (the "numerator") are identified within the Definition and Notes to Table sections for each indicator.

For each indicator that uses a rate or a percent, the following outlines the methodology used to estimate the total number of children eligible for the indicator of interest (i.e. the "denominator"). Rates and percentages were not calculated for cities and towns with denominators less than 500, as rates and percentages for small denominators are statistically unreliable. "NA" is noted in the indicator table when this occurs. In the indicator for child deaths and teen deaths, the indicator events are rare; in these instances, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

Child Population, Children in Single Parent Families, Children in Poverty. The denominator is the number of children under age 18 according to the 1990 Census of Population.

Children Receiving Public Assistance. The denominator is the number of children ages one to thirteen according to the 1990 Census of Population, plus the four times the average number of births for the years 1988 to 1992.

Delayed Prenatal Care, Low Birthweight Infants, Infant Mortality. The denominator is the total number of live births to Rhode Island residents from 1988 to 1992.

Births to Unmarried Teens. The denominator is the number of girls ages 15 through 19 according to the 1990 Census of Population, multiplied by five to compute a rate over five years, 1988 to 1992.

Women and Children Receiving WIC. The denominator is the number of children under age 5 who live in families with an income less than 185% of poverty, according to the 1990 Census of Population. This is an estimate of the eligible population and does not take into account increases in the number of women and children who became income eligible between 1990 and 1995.

Children Receiving School Breakfast. The denominator is the number of children enrolled in the public school who are eligible for free or reduced price lunches, not including half-day kindergarten.

Children with Lead Poisoning. The denominator is the total number of children born between September 1, 1991 and August 31, 1992. This is an estimate of the number of children age three on September 1, 1995 and therefore eligible to begin school in the Fall of 1997.

Child Deaths. The denominator is the number of children ages 1 to 14 according to the 1990 Census of Population, multiplied by five to compute a rate over five years, 1988 to 1992.

Teen Deaths. The denominator is the number of teens ages 15 to 19 according to the 1990 Census of Population, multiplied by five to calculate a rate over five years, 1988 to 1992.

Juveniles Referred to Family Court. The denominator is the number of children ages 10 to 17 according to the 1990 Census of Population.

Child Abuse and Neglect. The denominator is the number of children under the age of 21 according to the 1990 Census of Population.

Children Enrolled in Head Start. The denominator is the number of children ages 3 and 4 who lived in families receiving AFDC on December 1, 1995. This is an underestimate of children eligible, because it does not include children eligible for Head Start who live in non-AFDC families living below the poverty line.

High School Graduation Rate. The denominator is the number of children enrolled in 9th, 10th, 11th and 12th grades in the Fall of 1993.

Teens Not in School and Not in the Labor Force. The denominator is the number of teens ages 16 to 19 according to the 1990 Census of Population.

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Juveniles Referred to Family Court: David Heden, Marguerite DiPalma, RI Family Court; Laureen D'Ambra, Office of the Child Advocate; Susan Bowler, RI Training School; Paul Schulver, Robert Duais, RI Training School; Angela Bucci, Attorney General's Office; Sheldon Whitehouse, U.S. Attorney; Brother Michael Reis, Tides Family Services; Marion Avarista, Travelers Aid; Norman Dakake, Governor's Justice Commission; Brad Crowther.

Child Abuse and Neglect: Carolyn Friedman, Patricia Mathews, Barbara Dobbin, Department of Children, Youth and Families; Richard Gelles, Jody Brown, Family Violence Research Center, URI; Laureen D'Ambra, Office of the Child Advocate; Cathy Lewis, Casey Family Services; Deborah DeBare, RI Coalition Against Domestic Violence; Lenette Azzi-Lessing, Children's Friend and Service; Lenore Olsen, Rhode Island College; Timothy Conlon, DAWN for Children; Christine DeFarias, RI Foster Parents Association.

Child Care: Patricia Nolan, Options for Working Parents; Kerry Moser, Office of Child Care, Diocese of Providence; Mary Ann Shallcross, Child Care Connection; George Neubauer, Providence Boys and Girls Club; Sue Conner, RI Child Care Training System, Lenette Azzi-Lessing, Teri DeBoise, Children's Friend and Service; Maryellen O'Mahony Henry, YMCA of Greater Providence; Barbara Gionaola, Department of Human Services; Representative Nancy Benoit.

Children Enrolled in Head Start: Andrea Dodge, U.S. Department of Health and Human Services, Region I; Mary Legacy, Cranston Child Development Center; Lynda Dickinson, Child, Inc.; Sister Barbara McMichael, Providence Head Start; Anne Dimase, South County Head Start; Mary Nugent, East Bay Head Start; Lawrence Pucciarelli, New Visions Head Start; Susan Conaton, Tritown Head Start; Karen Bouchard, Woonsocket Head Start; Teri DeBoise, Children's Friend and Service; Eleanor McMahon, A. Alfred Taubman Center, Brown University; Robert Wooler, RI Youth Guidance Center.

Fourth-Grade Reading Skills: Dan Challener, Providence Blueprint for Education; Trina Barnes, Urban League; Pamela Zappardino, Fair Test; Karen Voci, The Rhode Island Foundation; Karen Cooper, Virginia D'Amato, Chip Young, Department of Education.

High School Graduation Rate: Dan Challener, Providence Blueprint for Education; Eleanor McMahon, A. Alfred Taubman Center, Brown University; Jane Nugent, United Way of Southeastern New England; Robert Wooler, RI Youth Guidance Center; Lenette Azzi-Lessing, Children's Friend and Service; George McDonough, Karen Cooper, RI Department of Education; Karen Voci, The Rhode Island Foundation.

Teens Not in School and Not Working: Judy Marmaras, RI Department of Employment and Training; Connie Gallant, Connecting for Children and Families; Nellie Gorbea, Ruth Hersh, The Rhode Island Foundation.

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Poetry Credits

"The Poet Speaks" by John Henrik Clarke, reprinted from *Make a Joyful Sound, Poems for Children by African American Poets* (1991). New York: Checkerboard Press.

"Celebration" by Alonzo Lopez, reprinted from *Tomie de Paola's Book of Poems* (1988). New York: G.P. Putnam's Sons.

"Selection From The Joyful Mysteries" by Rosario Castellanos, reprinted from *The Selected Poems of Rosario Castellanos* (1988). St. Paul: Graywolf Press.

"The Island" by Dorothy Aldis, reprinted from *Tomie de Paola's Book of Poems* (1988). New York: G.P. Putnam's Sons.

"The Dream Keeper" by Langston Hughes, reprinted from *Make a Joyful Sound, Poems for Children by African American Poets* (1991). New York: Checkerboard Press.

"Be Like the Bird" by Victor Hugo, reprinted from *Time For Poetry, 3rd Edition* (1952). Glenview, IL: Scott, Foresman and Company.

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